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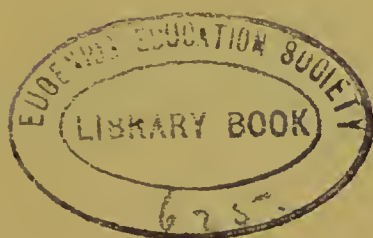
A. GOFF,
J. H. LEVY.



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No. III.

POLITICS
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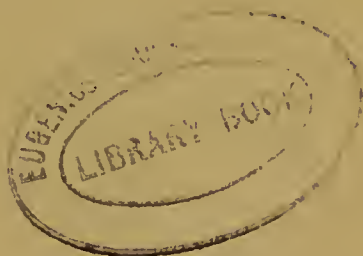
Politics and Disease

BY

A. GOFF

AND

J. H. LEVY.



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PREFACE.

My colleague and I have worked independently of one another in the production of this little book. Neither is accountable for the part written by the other, except such responsibility as attaches to myself as editor of the Series. We have long laboured together in the cause of emancipation from the errors and sins of State medicine. It would, however, be a mistake to suppose that either of us has any animus against the medical profession. Neither the legitimate interests of that profession nor those of medical science are arrayed against us in the polemics we have raised. The practice of treating every assailant of superstition as an enemy of religion ought not to be taken over into science, the votaries of which are not exempt from ordinary human weaknesses and ought not to be exempt from ordinary judgment. The medical faculty, and especially the bureaucratic part of it, is very much in want of competent external criticism.

Ten days ago, Dr. William Osler, Regius Professor of Medicine in the University of

Oxford, in his Harveian Oration, made the following excellent remarks :—" Sooner or later—insensibly, unconsciously—the iron yoke of conformity is upon our necks ; and in our minds, as in our bodies, the force of habit becomes irresistible. From our teachers and associates, from our reading, from the social atmosphere about us we catch the beliefs of the day, and they become ingrained—part of our nature. For most of us this happens in the haphazard process we call education, and it goes on just as long as we retain any mental receptivity. It was never better expressed than in the famous lines that occurred to Henry Sidgwick in his sleep :—

We think so because all other people think so ;
 Or because—or because—after all, we do think so ;
 Or because we were told so, and think we must think so ;
 Or because we once thought so, and think we still think so ;
 Or because, having thought so, we think we will think so.

In departing from any settled opinion or belief, the variation, the change, the break with custom may come gradually ; and the way is usually prepared ; but the final break is made, as a rule, by some one individual, the masterless man of Kipling's splendid allegory, who sees with his own eyes ; and with an instinct or genius for truth, escapes from the routine in which his fellows live. But he often pays dearly for his boldness."—When to all this we

add the enormous pressure of "professional etiquette" and, not only the establishment and endowment, but also the enforcement of particular medical prescriptions by the State, is it to be wondered at that thought in matters medical is almost paralysed? Still it is hopeful that Professor Osler said as much as he did; and he does not stand alone.

In the *Times* of 10th August, 1906, Professor H. E. Armstrong wrote:—"Physicists are strangely innocent workers; formulæ and fashion appear to exercise an all-potent influence over them." In an address delivered at the Edinburgh Philosophical Institution on 31st October, 1905, Sir Frederick Treves said: "The conception of disease which is the basis of medicine *à la mode* is not in accord with facts." It is against the prevailing medical fashion, against the calling in the arm of the State to stereotype that fashion and carry out its dictates *vi et armis*, or the discrimination of the law in its favour, that we appeal to the reason and conscience of our fellow-citizens.

J. H. LEVY.

32, Charing Cross, London, S.W.,
28th October, 1906.

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PART I.



By J. H. LEVY.

THE ETHICS OF VIVISECTION.

"Jus naturale est . . . non humani generis proprium sed omnium animalium."—ULPIAN.

I.

THOSE sentient beings who share with man the pleasures and pains of conscious life have ever been made the victims of his efforts to evade responsibility for his errors and misdeeds. And they have also been ruthlessly sacrificed to the terrors of his imagination. The superior animal, like a true aristocrat, has endeavoured to propitiate gods and demons by the merciless immolation of his poor relations. The goat offered to Jehovah and the goat sent into the wilderness to Azazel* may be regarded as types of the whole animal world in its relation to man. That this mean and cowardly spirit, when once established, did not respect the boundary line which separates man and monkey, is known to all students of the history

*Leviticus, Ch. XVI., v. 8-10, English Revised Version.

of religion. The blood of human victims mingled with the continuous stream which flowed from the slaughtered animals. But what is unknown, or at least is not realized, save by a few, is that the manifestation of this spirit is as brutally rampant to-day, in that section of European society which esteems itself especially enlightened and scientific, as it was in Asia Minor when Molech and Dagon and Baal and Ashtoreth were familiar objects of worship.

It seems a curious and grotesque inversion of parts that the science of the later ages should take up the methods of the superstition of the earlier ones ; but it is nevertheless a fact. Search the ancient records for the worst instances you can find of the attempt to purchase immunity for ourselves by the torture of others—of others animal and human—and I will undertake to parallel these instances, or to surpass them in horror, from the published confessions of scientific men of our generation. Did the disordered fancy which first pictured to itself an eternal hell ever imagine anything worse than Professor Mantegazza's description of the "great delight and very great patience for the space of a year" with which he experimented on animals in order to ascertain the influence of pain on the breath and breathing? In order to prevent the animal from moving, without interfering with the mechanism of respiration, while submitting it to the greatest

pain that could be contrived, the gentle Professor drove many sharp nails through the animal's feet and limbs ; and he aggravated the pain to such a degree that the muscles became paralyzed by its action. He had a "tormentor" constructed, with which he could "take an ear, a paw, or a piece of the animal's skin, and by turning a handle, crush it between the teeth of the pincers." "I can," he triumphantly says, "lift the animal by the suffering part. I can tear it or pinch it in all sorts of ways."² He gives as the result of twenty-eight of these experiments, a table of the amount of water and carbonic acid exhaled under various degrees of the torture inflicted.

I shall not repeat instances of this kind. My object is not to move you to horror, but to appeal to your reason and conscience against a practice which I believe to be as irrational as it is cruel. What is the nature of the support with which this practice meets ? Let me illustrate this by a very significant circumstance, referring to myself personally. In London we have two Jewish papers ; and the editors of these have formed an estimate of my abilities and character with which assuredly I have no reason to find fault. But when these gentlemen refer to me in terms of high laudation, they accompany this with a deprecatory shake of the head on the vivisection question.

²*Fisiologia del Dolor*, by Paolo Mantegazza, pp. 95-101.

Why? Both would allow that I am logically well equipped, and that I am not likely to mistake ignorance for knowledge. Both, I think, would admit that they have made no study of the question. They rely on what they regard as authority. But what authority? They bow to the opinion on this question of the majority of the medical profession of our day. The question, however, whether vivisection is right or wrong is not a medical question but an ethical one. The authority on it is not the physician or the physicist but the moral philosopher; and, as the *Medical Times* said more than two decades ago,* "medical training is not necessarily in itself a liberal education, or one which brings with it a broad and philosophic tone of thought."

People get very "mixed" on this question of authority. Some years ago I met an acquaintance who was engaged in the manufacture of boots. To his lament that the country was being ruined by the importation of ready-made "uppers," I replied by endeavouring to show that the nation benefits by freedom of trade. His rejoinder was that I knew nothing about bootmaking—which was quite true, but irrelevant. The question was one, not of bootmaking, but of economics, though the trade spoken of happened to be that in boots. Bootmakers are not necessarily the best judges of

*8th March, 1884.

whether the commerce in which they take part should be restricted or not ; farmers are not to be taken as authorities on corn laws, parsons on the question of the union of Church and State, lawyers on the reform of legal procedure which may possibly interfere with fees ; and scientists are not the best persons to call in to lay down the law as to what it is right or wrong for them to do. The expert on this question is the ethicist, not the physicist. The vivisector cannot be allowed to beg the question by constituting himself both advocate and judge in his own case.

Pray do not misunderstand me. I have not the slightest wish to take the crown of dogmatism from the head of the scientist and place it on the brow of the moral philosopher. No man has less belief than I in salvation by blind submission to any external authority. The only moral elevation which commends itself to me is that of free choice of the right based on individual judgment and sympathy. I do not mean that you should never consult an expert ; but the better you are able to judge your expert, the more you insist on his justifying to you his decisions, the more free will those decisions tend to be from error and charlatanism, and the more will your acceptance of them—if you do accept them—be that of a rational and responsible human being.

Scientific men seem to me very much in need of efficient external criticism. The concepts which

are supposed by them to lie at the basis of modern physics are in great need of what I may call logical vivisection. And they are beginning to get it. The criticisms of Stallo, Le Roy, Poincaré, and others, are such that Professor Larmor is obliged to confess that "there has been of late a growing trend of opinion, prompted in part by general philosophical views, in the direction that the theoretical constructions of physical science are largely factitious, that instead of presenting a valid image of the relations of things on which further progress can be based, they are still little better than a mirage."* This is the natural reaction against overstrained methods. Physicists are not often good philosophers, and are, therefore, apt to draw the line of their inferences and assertions with a much freer hand than would be conceded to them by a sound logic and epistemology.

If this is true of physics, what shall we say of medicine? "Sociology," says Professor Lévy-Bruhl, "has established that, in the beginning, the physician and the sorcerer were one with the magician and the priest."† Even now, he thinks, "there are very few persons among the so-called educated classes who do not complacently listen to

*See the Introduction to the very badly translated English edition of M. Henri Poincaré's "*La Science et L'Hypothèse*."

†"*Ethics and Moral Science*," p. 3. See also Sir Alfred C. Lyall's "*Asiatic Studies*," First Series, Chap. IV.

stories of marvellous and inexplicable cures." There are indeed, and perhaps fewer than even the learned professor imagines. Moreover, this mental condition of those from whom comes the *demand* for medical treatment has, *inter alia*, consequences on the *supply* which are hardly recognized. Medicine has not only arisen out of sorcery, but has a constant tendency to revert to it. The present medical period—with its witches' cauldron of vaccines and serums and anti-toxins, and its morbidic prophylaxis of healthy persons—seems to me essentially one of reversion. I believe the recognition of this reversionary tendency would do more than anything else to lift medicine to a scientific plane, and free its practice from the reproach of inhumanity. The more philosophic students of medicine would thus be put on their guard; and they are the natural leaders of the rank and file of medical men.

I might carry this still farther. Magic, as Mr. Frazer has said, is "next of kin to science,"* which is only another way of saying that science is next of kin to magic. And the one does not pass into the other by a sudden transformation. "From the earliest times," says Mr. Frazer, "man has been engaged in the search for general rules whereby to turn the order of natural phenomena to his own advantage, and in the long search he has scraped

* *The Golden Bough*," Vol. I., p. 62.

together a great hoard of such maxims, some of them golden and some of them mere dross. The true or golden rules constitute the body of applied science which we call the arts ; the false are magic."

According to this definition, the line of division between magic and the scientific arts is that between success and failure in the ascertainment of the order of phenomena. We cannot, then, draw a line transversely across the centuries, and say : " From this time magic ceases and applied science begins." We must draw it—obliquely it may be—but without doubt longitudinally, down the stream of time, allowing somewhat more for science and less for magic in our day, yet recognizing that, if " the false are magic," then it it will probably be many a long day before magic will be practically banished from human affairs, and science pure in itself, and applied with full and enlightened ethical purpose, will reign supreme.

II.

Having thus cleared the ground, let me next endeavour to remove another misconception which blocks the way ; for we shall find that the problem is not difficult in itself, but is beset with pitfalls and stumbling-blocks, like most philosophical problems. Unfortunately, those who have taken up the cudgels against vivisection—or at least the

most prominent of them—have been intuitionists in ethics, while the champions of vivisection have been men who are known to be scientific hedonists. The impression has arisen from this that the question of the rights of animals is one which rests on the respective merits of these rival schools of ethics. This impression has been a most potent factor in creating a prejudice in favour of vivisection, among those who are opposed to the metempirical philosophy. Many years ago, I left a discussion at the London Dialectical Society in company with my friend the late Dr. W. A. Hunter, M.P. for Aberdeen—one of the keenest intellects produced by Scotland in our generation ; and he said to me : “ You see, Levy, this is a question between experiential and transcendental ethics.” So it was, *in the debate* ; but this did not convince me. It has not infrequently been my fate to attend debates in which both sides were wrong.

I shall endeavour to prove that the notion that the question at issue is, fundamentally, one between the rival schools of hedonistic and intuitionist ethics, is an error. Indeed, I am myself a hedonist—that is, I hold that actions are good in so far as they tend to the production of happiness, and bad in so far as they tend to the production of misery—and if there is any quarrel between scientific vivisectionists and myself, it is not on the hedonistic or utilitarian basis of morals, but on the mode of its application.

Let me first draw your attention to the fact that, in the eighteenth century, more than a hundred and twenty years ago, Jeremy Bentham, the founder of the modern school of utilitarian ethics, declared that "the day may come when the rest of the animal creation may acquire those rights which never could have been withheld from them but by the hand of tyranny. It may come one day to be recognized that the number of the legs, the villosity of the skin, or the termination of the *os sacrum* are reasons insufficient for abandoning a sensitive being to the caprice of a tormentor. What else is it that should trace the insuperable line? Is it the faculty of reason, or perhaps the faculty of discourse? But a full-grown horse or dog is beyond comparison a more rational, as well as a more conversable animal, than an infant of a day, a week, or even a month old. But suppose the case were otherwise, what would it avail? The question is not, can they reason, nor can they speak, but can they suffer."

Against this, Dr. Whewell, the great champion of intuitionist ethics, argued: "We are bound to endeavour to augment the pleasures of men, not only because they are pleasures, but because they are human pleasures. We are bound to men by the universal tie of humanity, of human brotherhood. We have no such tie to animals." This was not the first time or the last on which an appeal has been made to brotherhood to narrow

the scope of sympathy. That we are not bound to the non-human by the tie of human brotherhood is scarcely more than a verbal proposition; and when it is put forward to justify a limitation of rights to human beings, it is simply an audacious begging of the question. And the term "brotherhood" is easily adaptable to still narrower application. Just as the cry of human brotherhood has been used to sanctify the torture of some of the most highly endowed animals, so the cry of Christian brotherhood has been made to cover the torture of at least one of the most highly endowed races of mankind.

According to Dr. Whewell: "It is not only not an obvious, but to most persons not a tolerable doctrine, that we may sacrifice the happiness of men provided we can in that way produce an overplus of pleasure to cats, dogs, and hogs." To this John Stuart Mill replied: "It is 'to most persons' in the Slave States of America not a tolerable doctrine that we may sacrifice any portion of the happiness of white men for the sake of a greater amount of happiness to black men. It would have been intolerable five centuries ago 'to most persons' among the feudal nobility, to hear it asserted that the greatest pleasure or pain of a hundred serfs ought not to give way to the smallest of a nobleman. According to the standard of Dr. Whewell, the slavemasters and the nobles were right. They too felt themselves 'bound' by

a 'tie of brotherhood' to the white men and to the nobility, and felt no such tie to the negroes and serfs. And if a feeling on moral subjects is right because it is natural, their feeling was justifiable. Nothing is more natural to human beings, nor, up to a certain point in cultivation, more universal, than to estimate the pleasures and pains of others as deserving of regard exactly in proportion to their likeness to ourselves. These superstitions of selfishness had the characteristics by which Dr. Whewell recognizes his moral rules; and his opinion on the rights of animals shows that in this case at least he is consistent. We are perfectly willing to stake the whole question on this one issue. Granted that any practice causes more pain to animals than it gives pleasure to man; is that practice moral or immoral? And if, exactly in proportion as human beings raise their heads out of the slough of selfishness, they do not with one voice answer 'immoral,' let the morality of the principle of utility be for ever condemned.*

It will be seen by this that Mill was not arguing that even the tortures inflicted by a Mantegazza might not be justified by more than compensating happiness for human beings. He was disputing the doctrine of the intuitionist philosopher that animals have no rights that can be measured against the pleasures of men. Half a century after

* *Dissertations and Discussions*, Vol. II., pp. 483-5.

Bentham wrote, the laws for the prevention of cruelty to animals recognized the principle for which he contended. As I know no vivisectionist who would repeal those laws, and as it is as certain as anything in politics can be that any attempt to repeal them would rouse indignation from one end of the country to the other, we may take as a settled principle the acknowledgment that animals have rights^{*} respect for which the State is bound in duty to enforce. And the fact that this principle has been fought for and won by two such champions of modern hedonism as Bentham and Mill is proof that—at all events as regards the main thesis, that animals have rights which it is our duty to defend as we defend those of our fellow-men—the question which we have met to consider is not one on which the hedonistic school is ranged against “our poor relations” while the intuitionist school is their champion. I gratefully acknowledge the very great service which has been done to our cause in these later days by intuitionist moralists—notably by Miss Frances Power Cobbe. Still I think that the argument against vivisection has been, and is, most lamentably obscured by the introduction of

* By a “right”—or, more fully, a “natural” or “moral” right—I mean a moral claim which cannot be denied without a violation of justice. It is something dependent on the conduct or abstention of others which is ethically due to a sentient being—of which he cannot justly be deprived, and which may properly be enforced, if necessary. A legal right is a claim which cannot be denied without a violation of law.

the *odium theologicum* and by its being pitted against hedonists as an intuitionist doctrine.

The fact is that the position we take up on this and other questions of morals depends far less on our ethical theory or theological beliefs than on the range and depth of our sympathies, the extent of our knowledge, and our ability to reason. As I have said elsewhere: "In ethical entreaty the appeal is to sympathy, and that appeal can possibly be effective only in so far as this feeling exists in the person to whom the appeal is made. And the feeling may exist in him to so slight a degree as to be practically non-existent. There are moral idiots just as there are intellectual ones; and the latter do not all wear strait-waistcoats. The Earlswood and other asylums only contain the worst specimens of intellectual idiocy. There is no sharp line of division between these poor creatures and the people outside. Earlswood is simply the last term of a series of which the gradations are infinitesimal. Man is an animal who tends to be rational: but the tendency, in the vast majority of cases, is very imperfectly realized. And, in the same way, man tends to be sympathetic—to feel with the feeling which is external to him; but, alas! the human race is a long way from the general diffusion of a sympathy deep enough to be an effective determinant of conduct, and wide enough to include all beings with sensibility to pleasure and pain."

III.

If we are to meet scientific men and convince them or their successors that they have made a mistake on this question, we must do so on their own ground. To this I shall now apply myself. I shall take Huxley as my antagonist, not only because he is by far the most illustrious of the champions of vivisection, but because he was a moral philosopher as well as a scientist, and his statement of ethical doctrine is—in my opinion—fundamentally both clear and sound. I cannot help regretting that he is not with us to consider what I have now to say. In 1888, I wrote a refutation of a doctrine of his intimately connected with that we are discussing, and sent him a copy of it. In 1893, in his Romanes Lecture on *Evolution and Ethics*, he reversed that doctrine. Whether what I wrote had any part in convincing him I cannot say; but I feel confident that, were he alive now, I should induce him at least to reconsider his position on vivisection.

I regard Huxley's Romanes Lecture as one of the landmarks of British ethics; and I shall adopt it as a standard by which to judge his most unfortunate conclusion on the vivisection question. That lecture was really a reversal of the former one, to which I have already referred. In the earlier essay, Nature is represented as "always fair, just, and patient"—as "a calm, strong angel

who is playing for love, as we say, and would rather lose than win.”* In the later one, this adoration of Nature and her methods is gone. “If there is one thing plainer than another,” we are told,† “it is that neither the pleasures nor the pains of life, in the merely animal world, are distributed according to desert. If there is a generalization from the facts of human life which has the assent of thoughtful men in every age and country, it is that the violator of ethical rules constantly escapes the punishment which he deserves; that the wicked flourishes like a green bay tree, while the righteous begs his bread; that the sins of the fathers are visited upon the children; that, in the realm of nature, ignorance is punished just as severely as wilful wrong; and that thousands upon thousands of innocent beings suffer for the crime, or the unintentional trespass, of one.”

Now we have in these two essays not merely two different modes of estimating what Huxley calls the cosmic process, but two opposite, two contrary modes of regarding that process. In the former Nature is held up as our exemplar—as strong, calm, just, patient, and loving. In the latter we are told that, “if there is one thing plainer than another,” it is that the last three predicates—just, patient, loving—cannot be truth-

* *Collected Essays*, Vol. III., pp. 82-3.

† *Collected Essays*, Vol. IX., p. 58.

fully asserted of the cosmic process, which is ruthless, brutal, and unjust. Huxley shows—in my opinion conclusively—that the field of morality is a reclamation from a state of nature ; that we are constantly dogged, in our attempts at moral improvement, by the limits and conditions imposed by nature on our existence ; and that to take the cosmic process as our moral exemplar is fatal to the ethical ideal. “It strikes me,” he says, “that men who are accustomed to contemplate the active or passive extirpation of the weak, the unfortunate, and the superfluous ; who justify that conduct on the ground that it has the sanction of the cosmic process, and is the only way of ensuring the progress of the race ; who, if they are consistent, must rank medicine among the black arts and count the physician a mischievous preserver of the unfit ; on whose matrimonial undertakings the principles of the stud have the chief influence ; whose whole lives, therefore, are an education in the noble art of suppressing natural affection and sympathy, are not likely to have any large stock of these commodities left. But, without them, there is no conscience, nor any restraint on the conduct of men, except the calculation of self-interest, the balancing of certain present gratifications against doubtful future pains ; and experience tells us how much that is worth.”*

* *Collected Essays*, Vol. IX., pp. 36-7.

I cannot pursue this theme. It would take up all the time at my disposal. I can only advise you to compare the passage I have quoted from Huxley's essay on *A Liberal Education*, written in 1868, with his lecture on *Evolution and Ethics*, delivered in 1893, which you will find in Volumes III. and IX. of his *Collected Essays*.^{*} Do not suppose that my point is the inconsistency between these essays. It is no reproach to a man that he made some progress in a quarter of a century. We are none of us born giants, either physically or intellectually. So far from our indulging in any cheap triumph, I think it ought to teach us humility and modesty when we find an intellectual prodigy like Huxley compelled, not merely to change, but to reverse his point of view on so important a question.

My impeachment of Huxley's championship of vivisection is that it is based on his earlier and incorrect estimate of the moral character of the cosmic process—an estimate which he discarded in his riper years, and in the rejection of which, as he himself says, "Greek and Semite and Indian are agreed." He asserts of the domestic animals : "As Hartley finely says, 'We seem to be in the place of God to them' ; and we may justly follow the precedents He sets in nature in our dealings

* It would also be well to compare with these Professor Karl Pearson's *National Life from the Standpoint of Science*.

with them."* Huxley was an Agnostic ; and I cannot help thinking that the name of God is most unwarrantably dragged in here to give theological support to a conclusion which I hold to be immoral, judged by Huxley's own later standard. Moreover, if, as he held, we cannot know that God exists, how can we invoke " the precedents He sets in nature " in decision of an ethical or any other question ? Surely never did a philosopher make a grosser logical blunder ; and never was a more terrible thing implicitly said of a deity than that what the vivisector is to the lower animals that God is to us.

This moral heresy, which is absolutely fatal to the ethical standpoint, is constantly cropping up in the dicta of modern scientists, and has no doubt been largely instrumental in bringing about that reaction towards force methods in all directions, which is one of the saddest of the experiences of the latter half of my own life. In the *Standard* of 4th June, 1885, " Zoologist " wrote :—" As to the cruelty of the operation of depriving snails of their shells, I much doubt it, as the shock would probably be at once fatal to the creature ; but at all events we have Nature's own authority for the proceeding, as any one who is in the habit of studying her out of doors may any day see during a country walk. Many a song thrush have I watched at his favourite stone by the way-side,

* *Collected Essays*, Vol. 1, p. 237.

hammering the dainty mollusk thereon and considerable will be the pile of snail shells so produced in the course of one day, no doubt much to the benefit of our summer cabbages." Now I am not here concerned with the dispute as to whether snails do or do not suffer in being deprived of their shells; but when I am told that "we have Nature's own authority for the proceeding," I must emphatically deny the ethical validity of this authority.* As John Stuart Mill said:—"The word Nature has two principal meanings; it either denotes the entire system of things, with the aggregate of all their properties, or it denotes things as they would be, apart from human intervention. In the first of these senses, the doctrine that man ought to follow nature is unmeaning, since man has no power to do anything else . . . ; all his actions are done through . . . some one or many of nature's physical or mental laws. In the other sense of the term, the doctrine that man ought to follow nature, or in other words ought to make the spontaneous course of things the model of his voluntary actions, is equally irrational and immoral. Irrational, because all human action whatever consists in altering, and all useful action in improving, the spontaneous

* In the *Lancet* of 30th September, 1905, Dr. Preston King proposed to "experiment" on convicted murderers, and argues that, after all, what he would try on them "is nothing more than nature is doing around us every day to people who are innocent of crime."

course of nature ; immoral, because the course of natural phenomena being replete with everything which, when committed by human beings, is most worthy of abhorrence, any one who endeavoured in his actions to imitate the natural course of things would be universally seen and acknowledged to be the wickedest of men.”*

IV.

When we divest Huxley's defence of vivisection of its theological element, all that remains is that “ we may justly follow the precedents ” set “ in nature in our dealings with ” the lower animals. But, as I have already shown, he has himself most eloquently and conclusively proved, against his earlier self, that the precedents which he invokes are both cruel and unjust. Therefore he has himself proved the injustice and cruelty of the plea which he urges for vivisection. I have put him in the witness-box against himself ; and, if I could put him also in the judge's seat, I have so much confidence in the luminosity of his judgment, and in his sense of fairness, that I feel certain he would not attempt, in summing up, to avert the verdict which posterity will undoubtedly give against him on this point.

And this verdict, be it observed, is merely against his arguments and the conclusions he drew from them, not against his own feeling on the

* *Three Essays on Religion*, p. 64.

subject. He confessed that he could not perform the experiments on living animals which he considered necessary and profitable in the interests of the general happiness ; but he was glad that other men could do this, just as we are glad that men are to be found with sufficient fortitude to perform the major surgical operations, for which most of us would admit we have not sufficient strength of nerve. In arguing for vivisection he was not pleading in his own defence. "I have felt it my duty," he wrote in a letter to Darwin, in 1875, "to act as counsel for Science" ; but he expressed, in the most emphatic way, his disgust at the declaration of a leading physiologist that he was indifferent to the amount of pain he inflicted on animals, in his experiments. Huxley declared his readiness to send this man to the treadmill.* After this, and the preceding declarations which I have quoted from Bentham and Mill, let no one tell me that hedonistic ethics is against us. If Huxley went wrong in his advocacy of vivisection, it was because (1) he based his conclusions on an estimate of the cosmic process which he afterwards discarded ; (2) he was influenced by the metempirical nature of the arguments which were usually brought against vivisection, and have really acted as a support to it ; and (3) because, in the application of the hedonistic principle, he resorted to a method which I believe to be unsound,

* *Life and Letters*, Vol. I., p. 440.

indefensible, and fraught with the gravest consequences. About this method I shall have a few words to say later on.

What did Huxley hope to gain by vivisection? Let me give you his own words—words which I am sorry to quote, as they appear to me to be intemperate and passionate—words which were intended to wound the opponents of vivisection and bolster up its medical supporters, but which rebound to the discomfiture of Huxley himself and the practice of medicine in our days. This is how he sets forth the profit which is to be attained by vivisection: “Unless the fanaticism of philozoic sentiment overpowers the voice of philanthropy, and the love of dogs and cats supersedes that of one’s neighbour, the progress of experimental physiology and pathology will, indubitably, in course of time, place medicine and hygiene upon a rational basis.”*

This sentence might well be made the text of a separate lecture. It shows, only too clearly, how, on this subject, Huxley had allowed himself to be goaded into unreason and had “let go the painter.” Mark, in the first place, how philozoic sentiment is placed in antithesis to philanthropy; as if it were not a matter of common observation that kindness to the lower animals is one of the best schools of philanthropy. Our consideration for animals is not so much subtracted from a fixed

* *Collected Essays*, Vol. I., p. 123.

stock of sympathy, resulting in less being available for our fellow men and women. It is rather the sowing of a crop of tender emotions, blessing the lower animals in its first result, but blessing humanity still more. And then we are told that, if we put aside "the fanaticism of" these sentiments, and submit our less endowed fellow-creatures to the most atrocious cruelties, medicine will, *in course of time*, be placed on a rational basis. How eloquent is this as to the logical basis of modern medicine! *In course of time*, medicine is to become rational, if we will let the vivisector work his sweet will on the poor, helpless beings whose defence is a sacred trust to us. If we will let the physician bake dogs and cats alive, pour boiling water into their stomachs, amputate the teats of female animals nursing their young, and indulge in the thousand and one abominations which are committed and commemorated in the name of science, *in course of time* he will become professionally a reasonable human being. Even if the promised result could be brought about in this way, I would not pay the stipulated price. The production of a set of incarnate fiends who can reason on medical subjects does not appear to me an end to which any hedonist ought to offer up the rights even of cats and dogs.

It may be said that Huxley is not arguing against due consideration for the lower animals,

but only against "the fanaticism of philozoic sentiment." Now I will not assert that this fanaticism is non-existent; but surely it is a negligible quantity. The animals in question are altogether in our power. They have no means of guarding themselves against the most cruel treatment. They cannot even speak in their own defence. Their mute appeal to our sympathies is their only shield; and who that knows what mankind still is, and is likely long to remain, will consider this more than a feeble guarantee against the worst brutalities? Alas! so far from the danger coming from the redundance of sympathy with "our poor relations," it is just the reverse. Those are very farsighted who can look forward to the time when man will toe the line of justice in his treatment of the lower animals. Those who are most humane are ever dogged by the difficulty of maintaining their fitness for the struggle in that cosmic process whose true nature Huxley recognized only towards the close of his career—a struggle from which they cannot escape except by being allowed to live as members of a community in the main otherwise composed.

There has never been any satisfactory demonstration of scientific gain by the cruelties of vivisection. I shall show you that, even if there were such gain, this would not constitute a moral justification of the practice; but I challenge proof that there has been any such gain. Those who

assert it seem not to realize the burden of proof which rests on them. Even if it were proved that some discovery had been made by vivisectional methods, it would still have to be shown that the same end could not have been attained otherwise. Suppose I allow that, as Huxley claims, "any one who is acquainted with the history of science is aware that not a single one of all the great truths of modern physiology has been established otherwise than by experiment on living things"—suppose I allow this, that these experiments have all been cruel ones, and that Huxley be allowed to mark out what are "the great truths of modern physiology"—even then the argument is merely *cum hoc ergo propter hoc*. If Londoners had been invariably in the habit of travelling to Hampton Court *via* Gravesend, this would not prove that any advantage they gained was dependent on the Gravesend route, that there existed no other, or that there was not a better one. If Newton, instead of generalizing the law of gravitation (as the tale goes) from the fall of an apple, had tried the experiment by throwing his mother out of a third floor window, it would not have followed that the discovery of the great physical law was due to this circumstance ; and no British tribunal would accept the law of gravitation as a set-off or justification of his crime.

If the vivisectional calculus were legitimate, why should not a Tito Melema argue that search

for his benefactor would probably result in hedonic loss? It is doubtful whether there is any vice or crime, individual acts of which could not be defended if proximate hedonic gain were taken as an adequate justification.

I altogether deny that hedonistic ethics is properly applied by counting up the loss and gain on particular acts—that, in this or any other question of morals, “the matter . . . resolves itself into a direct balancing.”* If this were so, hedonistic ethics would be logically untenable. Do not think I am propounding a new principle. “According to that theory,” as Austin said in the first half of the nineteenth century, “our conduct would conform to *rules* inferred from the tendencies of actions, but would not be determined by a direct resort to the principle of general utility. Utility would be the test of our conduct ultimately, but not immediately; the immediate test of the rules to which our conduct would conform, but not the immediate test of specific or individual actions. Our rules would be fashioned on utility, our conduct on our rules.”†

Our ultimate principle of morals, as Austin says, must not be directly applied to specific circumstances. We must deduce from it our mediate principles, the most important of which are the

* *Medical Press*, 4th September, 1901, p. 248.

† *The Province of Jurisprudence Determined* (Edition of 1832), p. 47.

assertion of rights. And here allow me to say that this question of animal rights cannot be evaded ; for they are inseparable from personal rights. If animals have no rights which it is our duty, as a political body, to defend, then every prosecution for cruelty to animals is an aggression on human rights. We must, therefore, either condemn every effort of the State to prevent the torture of any sentient being outside of the human race, or we must acknowledge that rights do not belong exclusively to our own sweet selves, and must assume the duty which comes with this acknowledgment.

V.

Let us now return to the point from which I have somewhat digressed. I assert that conduct is not to be morally estimated *ad hoc*—that it is false ethics to attempt to judge actions singly, by drawing up what purports to be an hedonic balance sheet, usually with all the subjective effects of the act left out. And what are those subjective effects? As I have already told you, Huxley says, in another connection, that men “whose whole lives . . . are an education in the noble art of suppressing natural affection and sympathy, are not likely to have any large stock of these commodities left. But, without them, there is no conscience, nor any restraint on the conduct of men, except the calculation of self-

interest, the balancing of certain present gratifications against doubtful future pains, and experience tells us how much that is worth."*

If we apply the hedonic test to specific actions, the moral law, as law, is gone. Law, whether natural or moral, implies generality. It is about seventeen years since two men were tried for murder, under circumstances most instructive on the point which I am discussing. A ship, named the *Mignonette*, was wrecked, and three men and a boy escaped in a boat. After being seventeen days without food and five without water, two of the men resolved to kill the boy, which they did on the next day. They fed on the body, and, after four days of this horrid diet, were picked up by a passing vessel. The jury found that the men killed the boy, but that they and he would probably have died had they not done so ; and it was left to the Court to decide whether or not this constituted murder.

Now here we have a case which, if you apply what I have called the vivisectional calculus, must result in the justification of the men. Debit side, one boy killed who would probably have died in any case ; credit side, the lives of three men with

* *Collected Essays*, Vol. IX., p. 37. It is astonishing to find Miss Frances Power Cobbe asserting that, if the hedonic theory of morals were true, "we ought to smother all our sickly children offhand." (*The Modern Rack*, p. 32.) Did she really think this practice would tend to increase the sum of happiness? Does not this assertion show that she never fairly judged the moral principle which she thus interpreted?

families saved ; balance, a considerable one of profit. But what said the Court ? The late Lord Coleridge was Lord Chief Justice, and it fell to his lot to deliver a most memorable judgment :—
“ It is admitted that the deliberate killing of this unoffending and unresisting boy was clearly murder, unless the killing can be justified by some well recognized excuse admitted by the law. It is further admitted that there was in this case no such excuse, unless the killing was justified by what has been called necessity ; but the temptation to the act which existed here was not what the law has ever called necessity. Nor is this to be regretted. Law and morality are not the same ; many things may be immoral which are not necessarily illegal ; yet the absolute divorce of the law from morality would be a fatal consequence, and such divorce would follow if the temptation to murder in this case were to be held by law an absolute defence of it. It is not so. To preserve one's life is, generally speaking, a duty ; but it may be the plainest duty, the highest duty to sacrifice it. War is full of instances in which it is a man's duty not to live but to die. It would be a very easy and cheap display of common-place learning to quote from Greek and Latin authors passage after passage in which the duty of dying for others has been laid down in glowing and emphatic language as resulting from the principles of heathen ethics. It is enough, in a

Christian country, to remind ourselves of the duty—which we propose to follow—of the duty in case of shipwreck of a captain to his crew, of the crew to the passengers, of soldiers to women and children—as in the noble case of the Birkenhead. These duties impose on men the moral necessity, not of the preservation, but of the sacrifice of their lives for others, from which in no country—least of all, it is to be hoped, in England—men will shrink, as indeed they have not shrunk. It is not correct, therefore, to say that there is an absolute and unqualified necessity to preserve one's life. It is not needful to point out the awful danger of admitting the principle which has been contended for. Who is to be the judge of this sort of necessity? By what measure is the comparative value of lives to be measured? Is it to be strength, or intellect, or what? It is plain that the principle leaves to him who is to profit by it to determine the necessity which will justify him in deliberately taking another life to save his own.

“So spake the fiend,
And by the tyrant's plea necessity
Excused his devilish deeds.”

“In this case, the weakest, the youngest, the most unresisting, was chosen. Was it more necessary to kill him than one of the grown men? The answer must be ‘No.’ It is not suggested in this particular case that the deeds were ‘devilish,’ but it is quite plain that such principles, once

admitted, might be made the legal cloak for unbridled passion and atrocious crimes."

The Court, therefore, decided the case to be one of murder. According to Lord Chief Justice Coleridge, law and morality agree that what would otherwise be a crime is not justified by the plea of a specific balance of advantage. This is an implicit condemnation of the ethics of vivisection.

Let us suppose a costermonger of a philosophical turn of mind summoned before a police magistrate for working his donkey while in an unfit condition. The case is proved against him and he replies :—" I admit, your worship, that I worked this donkey when not in a proper condition to do his work. I know it was cruel to do that, and I was very sorry to have to do it. But I have a sick wife and children at home, wanting bread ; and I argued that the pain suffered by the animal would be much more than counterbalanced by the pain from which I would relieve them." Magistrate : " We cannot allow this plea." Costermonger : " Exactly ; but if I sold my donkey to a doctor, and he performed all sorts of vile experiments on him, causing him a hundred-fold more pain than I have ; and if he justified his act by some speculative advantage which he hoped to gain some time or other, then the law which punishes me would not only leave him unpunished, but would give him a license for his crime. Why has

this donkey an indefeasible right, against me, not to be cruelly treated, but not the same indefeasible right against another man? For my lesser inhumanity, for which I can plead the excuse of a more than compensating and verifiable advantage, I am punished ; while the so-called scientific man, who often performs fool's experiments, with no particular end in view, and pleads some conjectural indirect gain, has the shield of the State thrown over him, and poses as a benefactor to mankind,"

If the moral doctrine which underlies vivisection were true, it would have no exclusive application to the lower animals ; and it has had no such exclusive application. The gap between the "lower" animals and the "lower" races of mankind is easily bridged over, and there is not much trouble in passing from them to the "lower" classes of our own race or country. If there is any validity in vivisectionist logic, it cannot stay at the lower animals. Why should we not vivisect our criminals, idiots, lunatics, babes ? While I am writing this lecture, a case comes under notice of experiments on the dying in a hospital. Could anything be more mean and cruel ? Eighteen years have passed since Dr. de Watteville wrote to the *Standard* that "medical men should not attempt to conceal from the public the debt of gratitude they owe to the *corpora vilia*" in our hospitals, whose "inmates are made use of other-

wise than for treatment"; and he denied the competency of the public to judge "of any investigation in *corpore vili*." This is the argument of our friend the bootmaker once more.*

The use of hospital patients as "clinical material" has established itself everywhere. Toxic agents have been tried on patients, without their consent. Women and boys have been inoculated with unmentionable diseases. The cries of the tortured animals have gone up in vain; but a terrible Nemesis has overtaken the public which has turned deaf ears to them.

Some time ago, I read, in the medical press, an account of an operation, in which the surgeon, after removing a cancer from a woman's breast, deftly tucked a piece of the cancerous matter under the skin of her healthy breast. After a few months this poor woman was horrified to find that she had again to appeal to the kindness and charity of those who provide hospitals for the poor, and to deliver herself up once more to the surgeon's knife. Now suppose this surgeon could demonstrate to you, with mathematical rigidity, that the chances of benefit to humanity from this experiment in cancer-grafting equalled the saving of fifty lives, at least, would you accept this as a justification of what he did? and if not, why not?

When I was attending one of the last meetings of the Social Science Association. I was told that

I was a fool for opposing these practices, as I and mine would get the benefit of them, but would not have to submit to them. This attempt to bribe me into complicity with the oppression of the poor I treated with the scorn it deserved. But I warn those who think their purses sufficiently long to protect them from these malpractices that they are playing a hazardous game, and a game as base as it is hazardous.

Who can measure the demoralization of the medical profession which results from vivisection? What shall we say of the effect on the character of the man who calmly, coldly, and unflinchingly views the writhing agony which he is deliberately producing in the poor dog who appealingly licks his hand, or in the human patient who confidently looks up into his face and believes he is doing his best to cure him? What knowledge could compensate for the deep and widespread moral deterioration which must inevitably result from such conduct? Are men who have passed through such a hellish training fit confidants in the hour of our physical danger, fit persons to whom to trust the care of our children, and of our women in the most solemn and necessitous moments of their lives? These are the questions I would finally put to you. Do not dismiss them without careful thought; for upon the answer you give to them may depend issues far wider than you can measure.

“Once to every man and nation comes the moment to decide,
In the strife of Truth with Falsehood, for the good or evil side;
Some great cause, God’s new Messiah, offering each the bloom
or blight,
Parts the goats upon the left hand, and the sheep upon the right,
And the choice goes by *for ever* ’twixt that darkness and that
light.”

VIVISECTION AND MORAL EVOLUTION.

THE chief difficulty of stating the case for moral antagonism to Vivisection is that inherent in all ethical teaching. Persons are not in the habit of reasoning out their moral conclusions which, in almost all cases, rest directly on feeling or on the pressure of the social environment. Let anybody who doubts this ask himself why he objects to cannibalism. He will probably find—if he has sufficient analytic ability to find anything of the sort—that man-eating has never presented itself to him as a matter to be reasoned about, and that he is somewhat shocked even at its being thought of in this way. The idea of argument—Euclid notwithstanding—is closely associated in the popular mind with that of uncertainty. Most people are such bad reasoners that they almost instinctively seek some other guide. Some of my good friends think that they have discovered this guide, and would say that the condemnation of cannibalism is intuitive. But this, I opine, only means that they recognize a very pronounced disposition to

this effect in themselves and in others with whom they are acquainted, and are both unable and indisposed to account for it. It has not existed in all human beings. Even members of the more civilized races have occasionally resorted to eating their comrades in case of shipwreck, and thought themselves justified in doing so. I know what my own feeling was, forty-five years ago, towards eating pork, and what is the feeling of some of my non-flesh-eating friends towards feeding, say, on roast lamb. In both these cases, the sentiment is strictly akin to that with which ordinary folk in Europe regard cannibalism.

Now, just as I believe that the feeling against feeding on human beings admits of explanation by the method of comparison and analysis, so I hold that Anti-Vivisectionist sentiment may be treated in the same way; and that its scientific justification or condemnation must come as a result of that ordeal. The masses of mankind, on the one side and on the other, may be incapable of finding—very many of them even of understanding—the solution of these problems; but solved they must be, unless we are content, in the most important matters, blindly to follow impulse. It is no detraction from the value of scientific ethics that its conclusions are thus worked out. The truth is that the original thinking of mankind, on all subjects, has always been done by a few individuals; and I see no signs of a change in this

respect. If, therefore, the great majority of Anti-Vivisectionists have not thought out for themselves the logic of their position, they are only in the same position as the like majority on the other side, and, indeed, as all save a small minority on all fundamental questions whatever.

My present appeal is to scientific men, and especially to medical men. I do not despair of winning them over to the Anti-Vivisectionist position. I throw down to them a friendly challenge to face that position. Will they dare to assert that our hatred of cruelty to animals, which has so greatly increased since the time of our cock-fighting grandfathers, has come to a standstill just at the point which it has now reached? Has moral evolution in this respect exactly reached its zenith in the year 1906? What is the probability of this? Cannot any man in whom there is a scintilla of the scientific spirit see the utter unlikelihood of such a sudden halt? And, if this is not to be, what will be the line of evolution? Who cannot see that this series has been and will continue to be one of widening and deepening sympathies—of sympathies which will extend and become intensified till they include every creature that can feel a pleasure or a pang—till those creatures are cared for (other things equal) in proportion to their sensibility?

This, at all events, is the vista of moral progress as I see it; and I have so much confidence in its

convincing power with men and women who are used to philosophic thought, that I would be almost content to put it before them and take the consequences. See how far we have moved during the last century—a trifling time in the history of humanity. In November, 1827, *Blackwood's Magazine* asserted that “the cock-pit was not less a school for valour than for truth, and modesty, and morality, and every other manly and high-spirited virtue.” Who would dare to write thus now? The absurdity of this pretended gain through cruelty would not be contested. But how long will it be before the alleged gain through vivisectional cruelty is recognized as equally preposterous?

There is no need that I should repeat here what I have said in my lecture on the *Ethics of Vivisection*.^{*} There are one or two points, however, which it is necessary to elaborate. In the first place, it is argued that Anti-Vivisectionists appeal to sentiment. This is quite true. It is equally true that Vivisectionists appeal to sentiment—a somewhat different sentiment, almost invariably a narrower and more selfish one, but sentiment still. All attempts to influence the will must necessarily be made by addressing oneself, directly or indirectly, to the emotions. It is the attempt to cast emotion into the logical balance—and thus to prevent the unbiassed weighing of evidence—

* See pages 1—36.

which is discreditable. But all conduct, of whatever kind, is guided by feeling, and has feeling for its end. The greatest philosopher must say with Manfred :—

“The Tree of Knowledge is not that of Life.
Philosophy and science, and the springs
Of wonder, and the wisdom of the world,
I have essayed ; and in my mind there is
A power to make these subject to itself.”

“The emotions,” says Herbert Spencer, “are the masters, the intellect is the servant. The guidance of our acts through perception and reason has for its end the satisfaction of feelings, which at once prompt the acts and yield the energy for the performance of the acts ; for the exertions daily gone through, whether accompanied by agreeable or disagreeable feelings, are gone through that certain other feelings may be obtained or avoided.”

The deprecation of appeals to feeling is, therefore, nonsense. It ignores one of the fundamental facts of our consciousness. In reality, it is a cloaked deprecation of an appeal to morals. We are asked to decide the matter by a profit and loss account drawn up *ad hoc*, after the fashion of the worst kind of company promoter, immense gains being promised in an indefinite future, and the present cost being slurred over.

One of the latest and the most candid of vivisectioners, Dr. Smidovich, has written a book—*Confessions of a Physician*—which is most illuminating on the Vivisection question. He commenced with a full, perhaps with an overpowering, conviction

of the extent of human suffering; and the subsequent account which he gives of medical effort in its alleviation leaves on the mind the impression that the net result of medical intervention, as at present carried out, is rather to aggravate than to lessen the sum of that suffering, although a few favoured persons may get some relief.

What effect had all this on the mind of our author? He speaks of the "days of doubt and disillusion" and the "special solace" which he found "in scientific work." What is the nature of this "scientific" solace?

"Among other things," he says, "I pursued researches as to the part played by the spleen in resisting infectious diseases. Two monkeys of the *Macacus* species were purchased by our laboratory for inoculation with recurrent typhoid fever. During the three weeks they remained with us, before the commencement of our experiments, I had time to become greatly attached to them, especially to the male specimen, whom we had named 'Stepka.'

"Whenever I entered the laboratory he used to rush up to the front bars of his roomy cage in expectation of a present of sugar. After having fed my pets, I used to let them out. The female, 'Jilda,' was more timid; she would run about the floor clumsily, looking round at me in fear. If I made a slight movement, she would turn and fly

back to the cage. 'Stepka,' however, treated me quite as a familiar chum. As soon as I sat down he would immediately clamber on to my knees and begin to search my pockets, eyebrows lifted, and his large close-set eyes peering forth with comical seriousness. Pulling my percussional mallet from my breast pocket, he would set up a surprised cry, his eyes open wide, and then commence to examine the bright instrument with minute curiosity.

"After having gazed his fill, 'Stepka' would drop the hammer on to the floor, and with the same melancholy seriousness, as if performing a necessary but very tiresome task, proceed with his search of my person. Carefully taking me by the beard he would remove my glasses with his thin brown fingers. . . . But all this soon palls on him. 'Stepka' climbs up on to my shoulder, sighs, looks about him, then, espying a corked phial, of a sudden—quick as a dart—springs on to the table; his favourite amusement is the uncorking of bottles. 'Stepka' quickly and neatly draws the stopper, stows it away in his cheek-pouch, and tries to escape to the ceiling *via* the blinds; he knows that I will deprive him of his prize. I capture him half-way.

"'Tsi-tsi-tsi,' he chatters with displeasure, drawing in his head, screwing up his eyes, and trying to get away. I possess myself of his plaything. 'Stepka' contemplates the scene sorrow-

fully. Suddenly his eyes brighten ; he jumps on to the window-sill and begins to chatter excitedly. Outside a cab is drawn up in the street ; ‘Stepka’ cranes his neck, and stares at the horse with insatiable inquisitiveness. I stroke him, but he removes my hand impatiently with his own little paw, settles down more comfortably, and continues to scrutinize the horse. A dog runs across the street. ‘Stepka’ is all alert, the fur on his neck and back bristling up, his eyes become restless, and he again commences his chattering, greatly excited, and peers first through one pane, then through another. The dog runs away. ‘Stepka’ scampers across the long table, upsetting glasses, and follows the dog out of sight, from window to window.

“One might have passed whole hours in the rascal’s company without being bored. I felt that a bond of common sympathy united us, and that we had arrived at a mutual understanding.

“I did not like the idea of cutting out his spleen myself, and a comrade performed the task for me. When the wound healed, I inoculated ‘Stepka’ with typhoid. When I entered the laboratory now, ‘Stepka’ no more rushed to the bars as of yore ; weak and ruffled, he sat motionless in his cage, staring at me with strange darkened eyes ; every day he got worse ; when he essayed to climb on to his perch, his hands failed him, he lost his hold and fell to the bottom of his dwelling. Finally he

became too weak to rise at all ; wasted, he lay still with grinning teeth, and moaned hoarsely. And it was before my eyes that ‘ Stepka ’ died.”

After reading this incident with the monkeys, it may be thought that in Dr. Smidovich we have simply come across one of those brutal natures which revel in the pains inflicted on others. This would be a great mistake. The author is evidently a man of intensely sympathetic disposition ; and, if he is capable of poisoning his “ familiar chum ” and then watching his death agonies—if he satisfies himself with handing over to a comrade the the task of cruelly mutilating the little companion whom he so affectionately describes and of whom he says :—“ I felt that a bond of common sympathy united us, and that we had arrived at a mutual understanding ”—it is because he has sophisticated his conscience with the equivocations and special pleading of Vivisectionism. And this is the worst aspect of the matter. *Corruptio optimi pessima*. Not only does Vivisection draw to itself those who feel a lust of cruelty, but it perverts and debases some of the best natures.

In Dr. Smidovich's case this debasement seems not to have extended to his veracity ; though he is very unjust (probably through ignorance) to Dr. Charles Bell Taylor and Dr. Stephen Smith. He endeavours to be truthful. “ The sufferings of the animals,” he says, “ are truly horrible—and sympathy with them is not sentimentality.” Again,

he does not pretend that the "experiments" which result in this awful suffering have necessarily any practical end, though he contends that practical results may some day supervene, as in the case of other sciences. "Science," he says, "is only then science when its pursuit is unfettered by any conditions of direct practical utility. Electricity remained for a long time but a 'curious natural phenomenon' devoid of all practical importance." His justification of the horrors he portrays is that they are necessary for medical science.

Again and again he returns to this point. He quotes from the memoirs of Pirogoff, an eminent Russian medical man:—"In my younger days I was pitiless to suffering. One day, as I remember, this indifference to the agony of animals undergoing vivisection struck me with such force that, with my knife still in my hand, I involuntarily exclaimed, turning to the comrade who was assisting me: 'Why, at this rate one might cut a man's throat.' Yes, much can be said in favour of and against Vivisection. There can be no doubt that it is an important aid to science. . . . But science does not entirely fill the life of man; the enthusiasm of youth and the ripeness of manhood pass, and another period of life ensues, and with it an inner call for introspection; and it is then that the recollection of the violence used upon, the tortures inflicted on, and the sufferings caused to another creature commence to pull at one's heart-strings

involuntarily. It seems to have been the same with the great Haller ; so it was with me, I must confess ; and in these latter years I would never be able to bring myself to perform the same cruel experiments upon animals which at one time I carried out so zealously and with such nonchalance."

To this Dr. Smidovich says :—"None of this can be denied. *Mais que faire?* To renounce Vivisection were to place the future of medicine in jeopardy, to condemn us doctors for ever to the uncertain and barren paths of clinical observation." Now, even if this were true, it would not justify the barbarities which are confessed. But it is not true. Dr. Smidovich himself, in his cooler moments, would scarcely speak of clinical observation as barren. Moreover, if clinical observation has not yielded better results, this is mainly to be attributed to the fact that experimental medicine has sent its votaries on a wrong track. As one of the ablest thinkers on medical matters has said, it is not so much the amassing of further facts that is wanted as the ability to think out the logical consequences of the facts already within our knowledge. A few pages after the one on which our last quotation appears, our author says :—"Vivisection is *indispensable* to medical science—only ignorant, or very unprincipled, people can deny this." This is mere hard swearing, and demonstrates nothing—except Dr. Smidovich's

ability to work himself up into a state of dogmatic excitement. He adds :—"The foregoing chapters have shown how manifold is the necessity of Vivisection in our science." The foregoing chapters show nothing of the kind. The question whether a given body of evidence proves a given conclusion is not a medical question, but a logical one. After carefully reading the chapters to which he refers as showing the medical necessity of Vivisection, not only do I not find this, but I am unable to understand, except on ground of *parti pris*, how Dr. Smidovich has found it there.

I have left for the conclusion what is, perhaps, the most terrible chapter in this book—Chapter VIII., which is devoted to experiments on living human beings. To give any adequate account of this would be impossible. Dr. Smidovich professes to restrict himself to experiments in one particular class of diseases, of which he says :—"Not a single one of them can be transmitted to the lower animals. Owing to this, many questions which, in other branches of medicine, find their answer in experiments on animals, can, in venerology, only be decided through human inoculation ; and venerologists have not hesitated to take the plunge: crime stains every step made by their science."

Why should they not make this plunge? Why should they not indulge in crime to their hearts' content? They, no doubt, like the vivisectors of

animals, are ready to promise a large speculative result in the future. If no direct human advantages are obtained, they can plead that science must be pursued for its own sake. Against the few women and men, boys and girls, to whom they have communicated diseases held in such loathing that society endeavours to banish their very names, they can put the myriads who will benefit some day—date a little uncertain—by their discoveries. If this sort of balancing is ethically valid in the case of experiments on animals, why not also in the case of experiments on human beings? If scientific motive justifies cruelty in the one case, why not in the other? Of this we may be certain—that the society which tolerates the one will get the other for its reward.

Dr. Smidovich gives references to the papers and books in which these experiments have been published; but he gives only a sample of these recorded cases, and for every recorded case there have probably been very many unrecorded ones. And so we read how E. Fraenkel “inoculated the eyes of infants” and Tischendorff “inoculated the eyes of atrophic children”; how the lectures of William Wallace, the Dublin physician, “are remarkable for the classical shamelessness with which their author tells us of his criminal experiments in inoculating healthy people with”—the disease against which the C.D. Acts were chiefly directed; how Waller communicated the same disease to a boy

of 12 and a girl of 15, and Professor Lindwurm inoculated with it five women lying in his hospital, one of these being 71 years old; how Professor V. M. Tarnovsky, after eighteen attempts, succeeded in inoculating a woman with the same malady; how Eugen Hahn transplanted a portion of a cancer from the affected breast of a woman to her healthy breast.

Enough. These are but a few of the cases mentioned by Dr. Smidovich. He pleads that "the existence of a few hundred doctors to whom the sick are merely so many objects for experiment does not justify the branding of the entire profession." The entire profession? No! Happily there are men in that profession to whom these enormities—whether practised on man or beast—are as hateful as they are to us. But the profession, in its corporate capacity, must be held responsible for these practices. Dr. Smidovich himself speaks of "the shameful indifference with which the medical world contemplates such atrocities." He says:—"This martyrology of the unhappy patients offered up as victims to science was not compiled by any underhand means—the culprits publicly blazoned their own infamy in black and white. One would suppose that the mere fact of publication of such experiments would make their repetition utterly impossible, the first to attempt anything of the kind being cast for ever from the medical corporation! But,

unfortunately, this is not so. With heads proudly erect, these bizarre disciples of science proceed on their way without encountering any effective opposition, either from their colleagues or the medical Press."

It was in face of this state of things—perhaps unknown to him—that Huxley talked about the danger of philozoic sentiment overpowering the voice of philanthropy! What philanthropic gentlemen these vivisectors become when they have thrown over "fanaticism of philozoic sentiment"! But we are told that "experimental physiology and pathology"—*i.e.* Vivisection—will, if unhindered, "indubitably, in course of time, place medicine and hygiene on a rational basis." Now I am very anxious to see medicine placed on a rational basis; but I am still more anxious that it should be placed on a righteous basis. I have no faith in the pursuit of health, or any other good, mundane or extra-mundane, by the road of cruelty and injustice. The moment we narrow our purview to some special end, irrespective of that fundamental principle of conduct on which all human action should be focussed, we have commenced our downward march.

"He who," said Coleridge, "begins by loving Christianity better than truth, will proceed by loving his own sect or church better than Christianity, and will end by loving himself better than all." So say I, that he who begins by loving

mankind better than that sentient existence of which man forms but a part, will tend to love his own nation better than mankind, his own class or family better than his nation, and his most unworthy self best of all.

THE PASSOVER AND VIVISECTION.

ON the 14th of February, 1905, Mr. John Tweedy, President of the Royal College of Surgeons, delivered the "Hunterian Oration," at the College, before a professional audience. With the bulk of that oration I am, at present, not concerned. But Mr. Tweedy devoted his peroration to a defence of Vivisection, and with that I propose to deal. In order to be quite fair, I quote it—as reported in the *British Medical Journal*—in full:—

"In attempting an appreciation of John Hunter's method I have suggested rather than explained development and growth of the modern knowledge of physics, chemistry, and biology under the influence of the experimental method; but it has not been my purpose or intention to offer any defence of this method. To defend the use of experiment in physics and in chemistry would be manifestly absurd, and I assume that in this place and before this audience it is equally unnecessary to offer an apology for its use in physiology and pathology. I opine, however, that it is within my province, as Hunterian Orator, to anticipate the possible censure of some who would not hesitate, in the sacred name of Religion, to traduce the

memory of Hunter because he practised experiments in physiology. John Hunter did employ the method of experiment. He employed it with no less zeal than with intelligence. He employed it not from idle curiosity, not from the promptings of vain glory, nor for the purposes of worldly advancement ; all that he had he gave to science. He employed it in the service of humanity and in the study of the nature and laws of life ; and the knowledge which he thereby acquired he transferred to the domain of medicine and surgery, and applied to the alleviation of sickness and suffering among animals no less than among men.

“ I pretend not either impiously to affirm or not less impiously to deny all the purposes of Infinite Wisdom in giving man dominion over the fish of the sea, and over the fowls of the air, and over every living thing that moveth upon the earth ; but we do know that throughout historic time man has not hesitated to capture, to subjugate and to slay, beast and bird, and fish, for his pleasure, his sustenance, and his service. Was the lordship over the animals given to man only for the satisfying of his physical and sensuous needs ? Is not the life more than food ? Was it only with reference to man’s bodily well-being that the question was asked : Are ye not of much more value than the birds of the heaven ? Does the mind need no aliment ? And is the veto to be applied only when animals are to be used for the purposes of elucidating the kindly functions of physiology, or of disclosing the baneful secrets of disease ?

“ The vicarious suffering and sacrifice of animals for the service and the salvation of man have obtained throughout the ages, and constituted the basis of the elaborate ceremonial system of the ancient Israelites. In anticipation of the great Passover, Moses directed the Israelites each to kill

a lamb according to their families, and to sprinkle its blood upon the lintel and the two side posts. 'For the Lord will pass through to smite the Egyptians; and when he seeth the blood upon the lintel, and on the two side posts, the Lord will pass over the door, and will not suffer the destroyer to come into your house to smite you.' The complete purification of *one* leper and his reception back into society involved not only the slaughter of three lambs, but the convalescent had to appear with two living clean birds, one of which was slain, while the other, still living, was baptized in dead bird's blood, and then allowed to fly away free. The principle of substitution was actualized in the ceremony of the scapegoat. At the annual Feast of Expiation a young bullock, two kids, and one ram were slain; and two goats were taken upon which lots were cast, one lot for Yahwé, the other for Azazel. The goat on which the lot fell for Yahwé was sacrificed for a sin offering; but the goat upon which the lot fell for Azazel was presented alive, and when the high priest had symbolically placed upon its head the sins and transgressions of all the people, the goat was led into the desert, there to become the victim of hunger and thirst, and the prey of ravenous bird and beast.

"Are these hecatombs to be regarded as of Divine origin and sanction, while the inoculation of a cat or dog, or it may be a rat, is to be denounced as a desecration and a violation of the purposes and will of God? Who will say but that in our day, as the Angel of Death passes through the land, seeing upon us the sprinkling of the immunizing blood, takes that for a token, and is not suffered to come into our houses to smite us? 'Dipt in his fellow's blood the living bird went free'; and so we, dipped in blood, aye, the blood of our fellow-man, as the annals of medical martyrology bear witness, we enjoy a growing

freedom from plague and pestilence and noisome disease, and in the fulness of knowledge the measure of our freedom will be full."

Now I have always strongly deprecated the introduction of theology into the Vivisection controversy. It cannot be settled in that way. Those who attack Vivisection, as well as those who defend it, are widely separated on matters theological, and nought save confusion and ill-feeling can result from leaving the ground of ethics, on which the question must necessarily be decided, for that of theological dogma. I find no fault with any man for associating his morality with the religious faith which is his. This he necessarily does. It is quite different when he uses that faith as a weapon against his neighbour, in defence of an impugned morality. There is scarcely a rascality which the modern world has seen—from negro slavery to cock-fighting—which has not been defended in this way. But it appears to me a most presumptuous thing, when a course of conduct is challenged on the ground of injustice or cruelty, that its champions should endeavour to make up for the feebleness of their logical defence by placing the "ark of God" in the front of the battle. This is what the Israelites did at Ebenezer*; and the result was that not only did they not win the battle, but they lost the ark.

Here, however, we have a defence of Vivisection.

* I. *Samuel*, chap. 4.

based entirely on theological grounds, put forward by the official head of a body of scientific men, in an address to a scientific audience, in one of the chief centres of English science. What am I to do? Having pointed out that Mr. Tweedy's argument is based entirely on theology, I might pass it aside; and, as a general rule, that is what I would do. But it happens that I can, by picking up the gauntlet thrown down by the President of the Royal College of Surgeons, point a moral of some importance. This is not the first occasion on which I have had to meet theological arguments in favour of Vivisection. Nearly eleven years ago Mr. Evacustes A. Phipson wrote to me: "The case of the humanitarians would be much stronger if Nature herself were not so relentlessly cruel in her dealings with the animal creation, whose entire existence is one long struggle against natural foes and forces. Compared with such perennial and universal misery, the sufferings caused by human agency, whether in sporting or scientific interests, are hardly worth mentioning. Orthodox Christians have at any rate some reason for regarding with complacency the experiments of vivisectors, on account of the support they give to the doctrines both of vicarious sacrifice and of eternal punishment."³

Mr. Tweedy says he does not pretend impiously to affirm all the purposes of Infinite Wisdom in

* *Personal Rights*, 1895, p. 8.

man's relations to the lower animals ; but, having disburdened his soul with this very modest disclaimer, he proceeds to a justification of what he euphemistically terms "experiments in physiology," on the ground of "the vicarious suffering and sacrifice of animals for the service and salvation of man" which "constituted the basis of the elaborate ceremonial system of the ancient Israelites," and especially of the Passover.

Now let me say at once, quite frankly, that I can conceive of no valid defence of the ancient sacrificial system of the Israelites, save as a transition from human sacrifice. It was relatively good—a passing from a greater to a lesser brutality. Abraham made a step forward when he recognized that as the voice of God which told him to substitute the ram for his son. It was because of the hardness of their hearts that the Israelites of old lingered at this point in their ethical progress, and even fell back temporarily to the old, more barbarous stage.* Shortly before the exile, as Wellhausen says, "the burning of children was introduced on a grand scale . . . and supported by a strict interpretation of the command regarding firstlings." (Exodus xxii., 29-30). But there were always two parties in

* Some of them—let us hope not many—are not far from this stage now. A Jewish minister, elected by an orthodox synagogue, was recently "inhibited by the Chief Rabbi, by reason of his having expressed his disbelief in the restoration of sacrifices." (*Jewish Year Book*, 1901-2, p. 32.)

Israel—those who looked backward and downward to that out of which the system had evolved, and those who looked forward and upward to the higher and more spiritual religion to which the best minds of Israel had attained, but was still unrecognized by the masses—those who took the mechanical view of transference of sin which Mr. Tweedy puts forward as if it had never been disputed, and those who asked with Micah :—
“ Wherewith shall I come before the Lord, and bow myself before the high God? Shall I come before Him with burnt offerings, with calves of a year old? Will the Lord be pleased with thousands of rams, with ten thousands of rivers of oil? Shall I give my firstborn for my transgression, the fruit of my body for the sin of my soul?—He hath showed thee, O man, what is good; and what doth the Lord require of thee, but to do justly, and to love mercy, and to walk humbly with thy God? ”* `

If, therefore, the ancient Jewish sacrificial system lent support to Vivisection, my reply would be :—
“ So much the worse for *it*.” But I really can see no ground for the assertion that it does lend such support. Whatever may be said against the Jewish method of slaughtering animals as compared with modern methods, I cannot doubt that it was, in its inception, a vast good from the point

* I adopt here the translation of the English Revised Version, so as not to raise side issues.

of view of humanity ; and the condemnation for food of all animals irregularly killed tended still farther in this direction. As regards the lamb of the Passover, it was not vivisected. It was killed for food, and eaten. Not a bone thereof was to be broken. The sprinkling of the blood, as the *Jewish Encyclopedia* (Vol. ix., p. 554) says, "was a feature accompanying every propitiatory slaughtering."† It cannot have been necessary in order to enable an Omniscient God to distinguish between the houses of the Israelites and those of the Egyptians, but might have been very useful for a sudden mobilization and flight of the oppressed Hebrews.

But what about the central fact of the Passover? Can we regard it as historical that there was a pestilence (Hebrew *negeph*, Exodus xii., 13) which struck down the Egyptians and *passed over* the Israelities? I shall endeavour to show that we can, and that a most important lesson is attached to this. Progress in one kind of knowledge very often throws an altogether unexpected light on another, and apparently unrelated subject ; and it was my study of the Vaccination Question in the light of the researches of Dr. Charles Creighton which led me indirectly to the solution of the enigma of the Tenth Plague. After reading Dr. Creighton's *Natural History of Cow Pox and Vaccinal Syphilis*, I was impelled by my admiration

† See Samuel Ives Curtis, *Ursemitische Religion*, p. 259.
Leipsic, 1903.

of that masterly monograph to read other of Dr. Creighton's works, the first of these—in my order of reading—being an "Address on Pathology," delivered at the Annual Meeting of the British Medical Association, in 1883, entitled *The Autonomous Life of the Specific Infections*. In this essay, and in the *North American Review* for October, 1884, is given an account of the origin of yellow fever, which is one of the most interesting, important, and suggestive pieces of information, on a medical subject, which I have ever read, and which at once threw a flood of light on the Passover.

Dr. Creighton commences his account of yellow fever by pointing out the important bearing of its distribution in time and place. "The first point," he says, "that strikes one is, that it appeared in the seventeenth century as a new disease. For more than a century after the Spanish conquest of America, and for many years after the first English and French colonization in the west, there was no yellow fever, and when it did come to Guadaloupe and Barbadoes, it was recognised as something quite different from the ever present malarial fever. The next point is, that there is something quite peculiar in its geographical distribution. At the present day we are apt to think of yellow fever as the fever of the Gulf of Mexico and Brazil ; but it had been the scourge of Philadelphia, and even of New England, for many years before it broke out

in New Orleans at all (1796), and its first appearance at Rio was in 1849. In reading Bancroft's treatise on this disease, published in 1811, it is curious to notice how much yellow fever has shifted its ground ; it has always remained true to certain shipping places in the West Indies, but the other great centres in Bancroft's time have absolutely ceased to be the seats of yellow fever ; and some of the places that are among the worst seats of the fever now are not even mentioned in Bancroft's pages. In fact, it is not latitude and longitude that explains the peculiar distribution of the disease. There is only one thing that covers its history, and its geography, and the remarkable changes in its distribution ; and that is the slave-trade. Disregarding its occasional and widely ranging excursions, and confining the attention to the localities where it is or has been, at one time or another, endemic or repeatedly epidemic, these are found to be the creeks and wharves and low shipping quarters of the ports of debarkation of the slave-trade, together with a few much less endemic, but not less significant spots, in Spain and on the west coast of Africa—the places to which vessels engaged in the contraband slave-trade had gone on their return voyage. The single exception to this curious rule is Peru ; but Peru is hardly an exception, when we bear in mind the many points of resemblance between its coolie trade across the Pacific and the old African slave trade."

Dr. Creighton next draws attention to the investigation by Dr. Audouard, who was appointed by the French Government, into the circumstances of a disastrous outbreak of the fever at Barcelona, in 1821, and a smaller outbreak at another Spanish port, two years later. "The facts were very much the same in the two outbreaks; ship-carpenters, engaged in repairing vessels that had arrived some time before from the West Indies, were seized with a prostrating illness, which they attributed to putrid emanations from the bilge water, and they became the first victims of an epidemic which proved to be yellow fever. Dr. Audouard found that the vessel which started the infection in the 1823 epidemic was a slaver; and, on recalling the facts of the Barcelona outbreak two years before, he found that the two vessels chiefly concerned in it were also slavers, in proof of which, he said, they might still be seen with the irons for securing the slaves fixed in the planking of their holds. It was ascertained also that one of them had an extraordinary amount of dysenteric sickness and mortality among her human cargo on the previous voyage. He calculated that about sixty Spanish vessels had been engaged in this contraband trade in 1820, that they had taken out about 15,000 slaves from Africa to the West Indies, and had returned to Spain with merchandise before going down to the African coast for their next cargoes. This was, in

fact, the time of the irregular slave-trade, when the vessels were not adapted for it, and the crowding and sickness on board was at its worst ; and this period corresponds to the remarkable outburst of yellow fever, both in America and in Spain and on the West Coast of Africa, from about 1790 to 1820."

But—and, for the purpose of our investigation, this is the most important point—it is, Dr. Creighton says, "a perfectly well-known fact, admitted equally by Lind and Bancroft, that the slaves on board a slave-ship did not suffer from yellow fever, although they suffered much from dysentery and from what used to be called the 'horrors of the middle passage'; so that a slave-ship would arrive at her destination with no contagious fever on board, but saturated with the filth of her human cargo. The facts discovered by Dr. Audouard in two Spanish outbreaks suggested to him a general theory of yellow fever; it was "a peculiar form of typhus due to the emanations from the putrid dysenteric discharges of the negro." These produced *in others* a typhus fever of a peculiar type. But this disease, generated by the consequences of ill-treatment of the negro, passed over him, "notwithstanding his great liability to cholera and the common forms of typhus, including ship-typhus. Dr. Creighton adduces overwhelming medical testimony to this fact, the most curious item being perhaps, that afforded by "the French

expedition to Mexico from 1862 to 1866. There was a heavy mortality from yellow fever among the motley gathering of troops at Vera Cruz in the summer of 1866 ; not only the French soldiers, but Arabs from Algiers, Indians from the interior of Mexico, and Creole troops from the West Indies were decimated by it ; whereas in a body of 400 negro soldiers from the West Indies, there were only three cases, with one death, and in a black regiment of 500 men raised in the Soudan and Nubia, there was not a single case."

"If then," Dr. Creighton sums up, "we put together the facts of this remarkable disease ; when we consider that its advent into the world coincided with the rise of the slave-trade ; that its habitat is or has been the ports of the debarkation of the slave-trade, and those places in Spain and on the West Coast of Africa to which slave-ships went on their return voyage ; that its exacerbations have coincided with the most lawless period of the negro traffic ; that it gained a footing in the ports of Brazil in 1849, when the slave-trade flowed into that channel ; and that it has become endemic subsequent to 1853 on the Pacific coast of South America, in those ports of Peru which were the seat of an infamous coolie traffic†—we cannot but see, in all this concurrence of testimony, a proof that Dr. Audouard was right. . . . But . . .

† "The Chinese, like the negroes, did not suffer from yellow fever, and they are said, indeed, never to take it, on shore."

the negro cannot take the disease, although it rages in the very quarters where negroes live. The yellow fever still lurks about the wharves and shipping quarters of towns where cargoes of slaves used to be landed ; and every few years, when the weather is at the hottest, it rises into a pestilence, as if it were the ghost of the slave-trade walking. But it passes by the negro, as if it recognized the ties of blood."

If anything could add to the profound solemnity of these words, it would be the sentence in which, in another work, Dr. Creighton delineates this retribution which has fallen on the white race in consequence of their oppression of the negro : " It is by no means a romantic fancy, but a sober deduction from the most salient of the facts, that yellow fever, in its last analysis, is for the white race a short and sharp summation and reminiscence of the Middle Passage, made possible by those very racial differences on which the slave-trade itself was based."*

The pathological law exemplified in the case of yellow fever is by no means confined to that disease. Dr. Creighton draws attention to " the celebrated cases of jail fever, in which prisoners brought up at the assizes gave typhus to the judges, and counsel, and jury " ; and as he justly says, " it may be well, at the present day, to recall

* Dr. Creighton's *Unconscious Memory in Disease*, page 192,

the fact, which arrested the attention of . . . Bacon, that *the prisoners were not suffering from typhus themselves.*"

Let us now return to the case of the Tenth Plague. We can now see that it is by no means incredible that a pestilence which struck down the Egyptians should have passed over the Israelites, and that, under certain conditions, such a discriminative disease is a perfectly natural occurrence. The sole question to be considered is :—Did those conditions exist at the time and place in question? I shall endeavour to show that they did.

From the account in Exodus it is tolerably clear that the Hebrew settlers in Goshen were reduced to that state of rigorous and brutally-enforced servitude which is to be found graphically depicted on the monuments of the ancient world. But we are not entirely dependent on the Biblical narrative. An Egyptian priest, Manetho, "compiled a history of his nation from ancient records and memorials, about 250 years before our era. His work has unfortunately been lost, but a couple of fragments of it have been preserved to us by the Jewish historian, Flavius Josephus, and we possess short extracts from the whole."† One of these fragments in Josephus gives just the information which clears up the whole matter; and it is not a little remarkable that Josephus is

† Kuenen's *Religion of Israel* (English edition), vol. i., p. 118.

an unwilling witness in this matter. His national vanity was wounded by Manetho's account, and, as Whiston says, he was "betrayed into a greater heat and passion than ordinary, and that by consequence he does not hear reason with his usual fairness and impartiality."

According to Manetho, King Amenophis (Menephtha) banished a section of the people "to those quarries which are on the east side of the Nile, that they might work in them." These people were in a leprous and unclean condition. After "these polluted wretches," who "were sent to work in the quarries, had continued in that miserable state for a long while," the king allowed them to dwell in a city which had been desolated by the invasion of the shepherds (Hyksos). Here they appointed a ruler, Osarsiph, a priest of Heliopolis (On), who instructed them to reject the Egyptian Gods, planned a revolt, and entered into negotiations with those shepherds who had been driven out to the city called Jerusalem. He asked their assistance, and they came, two hundred thousand strong. The Egyptian king with his army, three hundred thousand in number, met the rebels and their allies, but retired, without giving battle, into Ethopia, "with his whole army and multitude of Egyptians." The rebels and their allies then committed great ravages, and "were not satisfied till they had been guilty of sacrilege, and destroyed the images of the Gods, and used

them in roasting those sacred animals that used to be worshipped. The name of the leader in this rebellion was Osarsiph, from Osiris,‡ the God of Heliopolis; but when he was gone over to these people, his name was changed, and he was called Moses. Menephtha afterwards "returned from Ethiopia with a great army, as did his son Rhampses with another army also, and both of them joined battle with the shepherds and the polluted people, and beat them and slew a great many of them, and pursued them to the bounds of Syria."§

This is an abstract of Manetho's account, the non-essential and fabulous elements being omitted; and it is impossible not to see from it that the oppressed Israelites were in an insanitary and diseased condition presumably similar to that of the prisoners of Bacon's time and the children of Africa who were torn from their native land and packed, in a manner regardless of the necessities of life, in the holds of the slave ships. They were also different in race from their oppressors. The Passover, therefore, so far from lending itself to buttress the fabric of cruelty, and the violation of the rights of others for our own benefit, is a solemn warning of the Nemesis which waits on conduct

‡ This is the Grecized form of Uasar, as Moses is the Grecized form of Moshch. Osarsiph=Uasar-siph is, as Professor Sayce has pointed out, an Egyptian variant of Joseph=Yehowseph (Psalms lxxxi, 5)=Yehowah-seph.

§ Josephus "against Apion," sections 26 and 27.

of this kind. I believe that future investigations in the field of pathology will show that not a few of the diseases which plague mankind are the natural fruit of the ill-treatment of our "poor relations," human and sub-human.*

* When I first put forward this theory of the Passover, a friend sent it to the late Professor W. Robertson Smith, who wrote: "That the Passover was originally connected with the Exodus is just one of the points that can't be made out. Its earliest relations are with *harvest* and *firstlings*. No amount of pathological parallel can prove anything till you have got your historical tradition established. And, as regards the sanitary conditions, the Israelites in doing forced labour were *exactly* on a level with the Egyptian peasants."—I think it is pretty evident that when Professor Robertson Smith wrote this, he had in his mind, as the Passover, the Feast of Unleavened Bread and the Paschal Lamb. That the earliest relations of *this* were, with the harvest and firstlings I do not dispute. But that which I have called "the central fact of the Passover . . . that there was a pestilence which struck down the Egyptians and *passed over* the Israelities," is unaffected by this consideration; and that the sanitary condition of the Israelites was no worse than that of the Egyptian peasants, because both were subjected to forced labour, appears to me an extraordinary contention in face of the evidence. Had the learned professor lived, he would probably have changed his opinion on this subject.

THE BIRD THAT LAID THE VACCINATION EGG.

I.

IN the terrible indictment of "Popular Government" drawn up by Sir Henry Sumner Maine, one of his chief counts is an alleged lack of reverence of scientific authority manifested by the populace, a contumacy of the profane and vulgar crowd against the fiat of the physicist—backed up, of course, by the legislator and the judge, the policeman and the jailer. There is, he says, "just enough evidence to show that even now there is a marked antagonism between democratic opinion and scientific truth as applied to human societies"; and he quotes with approval (while contending that the sarcasm is inadequate) one of Macaulay's "cocksure" sentences, in which dissenters from "the immortal Jenner" are written down, in terse and unambiguous English, as fools, classed with the opponents of gas lighting and railroads, and even with "the fools of an age anterior to the dawn of history," who—thus occupying an antipodal position in time to that of the celebrated New

Zealander—"doubtless opposed the introduction of the plough and alphabetical writing."* Complementary to this picture of anti-scientific folly, is that of the establishment of scientific truth drawn by Sir George Cornewall Lewis, who describes how "discoveries in medicine which rest on a firm basis, as vaccination and the operation for aneurism, are after a few years brought to a certain test, and make their way in all countries. Pseudo-sciences, on the other hand, are not accredited by the consentient reception of professional judges, but remain in an equivocal and unaccepted state."†

Now let me say at once that to genuine science my allegiance is unbounded and unequivocal. It is necessarily authoritative; for the word "science" is simply Latin for "knowledge," and has come to mean systematized knowledge. To rebel against this is the sheerest imbecility, on the face of it. But when the matter in dispute is whether a given proposition or doctrine is true or false, to declaim against those who challenge it, as mutineers against science, is simply an audacious begging of the question. This is an old trick—if that can be called a trick which is mostly resorted to through persistency of bias and without any conscious effort to deceive. Priests have been very prone to denounce as enemies of religion all those who

* *History of England*, Chap. III.

† "The Influence of Authority in Matters of Opinion," p. 52.

question their own particular theological conclusions; and physicists who regard this conduct from a lofty height of scientific contempt have not been slow to do the same sort of thing.

The instance of popular anti-scientific obstinacy chosen by Sir Henry Maine is a very unfortunate one—for his argument. All that the conjoint forces of medical authority and political coercion could do, to silence and stamp out dissent, has been done; and, if scientific doctrines could be established in this way, the virtues of cow-pox inoculation would be settled as conclusively as the law of gravitation. But, through the bullying of magistrates, the imposition of fine and imprisonment, and the dogging of necessitous persons by obstacles placed in the way of their employment, may do much to produce submission, they can do nothing to demonstrate a scientific thesis. Nay, they are insuperable obstacles in the way of any such demonstration. Not thus can truth be made manifest or error slain. Do we need a Milton to teach us that it is only by the free and equal battling of opinion against opinion that we can hope to determine in which direction truth lies? If vaccination can do any of the various things which have been claimed for it, this can be brought home to the intellect and the conscience of thinking men and women only by weighing it in a balance which has not been clogged by the whole power of the State being thrown into one of the scales—a

balance in which nought save evidence has any weight.

II.

What was the "certain test" to which this brutally enforced doctrine was brought? When we ask to-day for the evidence which demonstrates the efficacy of vaccination, we are almost always offered statistics. But the statistical argument is evidently not that on which vaccination was adopted; for the figures were not in existence till it had been in operation. The statistical argument is an afterthought, or at best but a confirmatory plea; and, as we shall see, it is powerless, in itself, to demonstrate the prophylactic efficacy of cow-pox inoculation. What, then, was the logical genesis of the vaccinationist doctrine?

In its origin, vaccination was a bit of folk medicine. Jenner was a medical practitioner at Berkeley, in Gloucester, and among the milkmaids there it was believed that, if they caught cow-pox from the cows' teats, they would never afterwards catch small-pox. Jenner was disposed to adopt this article of the bucolic faith, but his fellow practitioners ridiculed it, as "most of them had met with cases in which those who were supposed to have had cow-pox had subsequently been affected with small-pox."^{*} Jenner was obliged, for a time, to abandon his adopted creed; but later he

* Baron's "Life of Jenner," Vol. I., p. 48.

conceived a modification of it. Cows were sometimes milked by men whose hands were sore from a disease communicated by the ulcerous heels of horses, and the disease was communicated to the cows. According to Jenner's second thoughts, it was this malady, and not the spontaneous cow-pox, which was prophylactic against small-pox. The advantage of this right-about-face is evident. The new statement was not so easily verified as the old one. The cases of horse-grease cow-pox were comparatively rare, and their effects had not been discriminated from those of spontaneous cow-pox. The safety of dogmatism is in direct proportion to the difficulty of verification. Moreover, here was a delightfully easy way of accounting for mishaps. The "spurious" cow-pox doctrine—which was extended by Jenner in his later writings—could be credited with all failures to ward off small-pox. Armed with this doctrine, and the condition that the vaccination should be properly conducted, Jenner could safely promise that "the human frame, when once it has felt the influence of genuine cow-pox, is never afterwards, at any period of its existence, assailable by small-pox." The nearer one can get a doctrine to the form of an identical proposition, the less vulnerable—because the less assertive—does it become.

Jenner's first line of evidence was the experience registered in the beliefs of the Gloucestershire

peasants ; but he essayed another, and more direct, line of proof. Inoculation with small-pox had been in use since 1721. In order to show that vaccination protected against small-pox, Jenner inoculated patients with that disease, after vaccination. It was asserted that the result proved that such vaccinated persons had acquired immunity from small-pox. Now this so-called Variolous Test was honeycombed with fallacy. In the first place, many persons were not susceptible to inoculation. Insusceptibility in such cases was no proof whatever of the efficacy of vaccination. In the second place, it is said " that variolation was attempted before the complete subsidence of the vaccine fever. The inoculation with cow-pox had set up a serious constitutional disturbance ; and, during that disturbance, the small-pox virus could not develop its malign energy."^{*} In the third place, it is contended that the variolation was of the mild kind in use in the later years of the practice, and that the result, after vaccination, was in no way different from what might have been expected, had there been no vaccination. In his excellent work, " A Century of Vaccination and What it Teaches " (pp. 14-15), Dr. W. Scott Tebb says :—

" In 1796 Jenner vaccinated his first case, James Phipps. In less than seven weeks from the insertion of the cow-pox matter Phipps was inoculated with

* William White's *Story of a Great Delusion*, p. 126.

small-pox, with the result that 'the same appearances were observable on the arms as we commonly see when a patient has had variolous matter applied, after having either the cow-pox or the small-pox.'*

"Now, the question is, what appearance did Phipps actually have on his arms as the result of the variolous test? And to guide us in forming an opinion, there is a letter of Jenner's to a medical man, Mr. John Shorter, who wrote to him about two cases in which he had applied the test six months after successful vaccination, with the result of producing a pustule at the seat of inoculation in each case. Jenner, in his reply, December 29th, 1799, says:—'Pray, recollect how seldom we find the skin insensible to the action of variolous matter in those who have previously gone through the small-pox. The cow-pox leaves it in the same state. The patients you mention were not insensible to the local action of variolous virus.'† Thus, if the skin is seldom insensible to variolous matter after cow-pox, or small-pox, and these cases of Shorter's are samples of the result, it seems not improbable that when Jenner applied the variolous test in the case of Phipps he got a local pustule at the seat of inoculation; for the same appearances, he says, were produced, as commonly observed, when variolous matter was applied to a person who had either cow-pox or small-pox.

"Mary James‡ is another of the few cases Jenner is known to have subjected to the variolous test. This was applied eight months after vaccination, with the result of a local pustule, fever, and the faint appearance of a rash about the wrists; matter taken from the arm of this case produced small-pox when inoculated on her brother.

* Jenner's *Inquiry*, p. 34.

† *Medical and Physical Journal*, Vol. III., p. 351. (April, 1800).

‡ "Further Observations on the *Variolæ Vaccinæ*, or Cow-pox," pp. 34-36. Edward Jenner, M.D., F.R.S. London. 1799.

"To sum up the value of these tests. It amounts to this: that Jenner, in applying them, used a form of inoculation which produced little more than a local result, and the appearances he obtained were not very different from what would be produced by that form of inoculation when there was no question of cow-pox at all."

I do not propose to examine Woodville's application of the variolous test. It was, as Sir Wm. Collins and Mr. Picton said, in their statement attached to the Report of the Royal Commission on Vaccination, "valueless as a scientific experiment." A full account of it is given in Dr. Scott Tebb's book already cited, and in Dr. Charles Creighton's "Jenner and Vaccination."

This, then, was the evidence on which vaccination was adopted. But the attempt has since been made to bolster up the practice by statistics. What are these statistics? They are the tabulated results of conclusions each unit of which is a judgment of a supporter of vaccination. But if the individual judgment is in dispute, how can that dispute be settled by summing up such judgments? The most common statistical argument in favour of vaccination is a comparison of the death-rates of the vaccinated and the unvaccinated. This is open to fatal logical objections. First, the discrimination between these two classes is made by the vaccination marks. It is evident, on the face of it, that this process is one which easily lends itself to bias.

Medical men are not a separate species of human beings, exempt from the *mentis gratissimus error*. On the contrary, probably owing to the empirical nature of their studies and the lack of good outside criticism, they are singularly liable to errors of judgment. And they are as little to be trusted as other men "if self the wavering balance shake."

Now is it likely that a hospital official, under the vaccinationist *régime*, will be unbiassed in the diagnosis of marks? Putting aside some awkward confessions which have been made by medical men, the result of the classification by marks is sufficient to discredit it. We are required to believe that the death-rate of the unvaccinated now is twice or three times as high as it was before the introduction of vaccination, and this in spite of the undoubted improvement in the treatment of small-pox.

Moreover, very few persons are aware how much depends on the grouping of the figures. One needs to be a specialist in these matters in order fully to realize how absurd are the inferences of causation often made from casual grouping of statistics. For instance, if I were to put this problem:—

	Cases.		Deaths.		Deaths per cent.
Vaccinated ...	1,659	...	259	...	15'61
Unvaccinated...	793	...	184	...	23'20

This shows a result apparently favourable to vaccination, according to the statistical method

ordinary in use among the champions of the Jennerian rite. Divide it into two, *each* of which is *unfavourable* to vaccination. Most persons would regard this as arithmetically impossible; but here it is:—

	Under 2 years.			Over 2 years.		
			Deaths			Deaths
	Cases.	Deaths.	per cent.	Cases.	Deaths.	per cent.
Vaccinated	89	49	55'06	1,570	210	13'37
Unvaccinated	278	118	42'44	515	66	12'82

These figures are not imaginary ones, though, for the purpose of my argument, they would be conclusive even if they were so. They are from a Report of Dr. Leander Joseph Keller, Head Physician of the Austrian State Railways, and are quoted by Mr. Alfred Milnes, in his excellent pamphlet on "The Mitigation Theory of Vaccination." They show that THE SAME FACTS CAN BE TABULATED IN TWO DIFFERENT WAYS, SO AS TO SHOW OPPOSITE RESULTS. The key of the seeming paradox is a very instructive one. The vaccinated and the unvaccinated cannot be statistically compared in gross without suggesting a fallacious inference, because they are not similar in other respects than the one under investigation. Very young children, who largely contribute to the unvaccinated class, rarely recover from an attack of small-pox. "Therefore," says Mr. Milnes, "any system of comparison which should compare unvaccinated infants with vac-

inated adults would obviously be misleading. Infants must be compared with infants, children with children, and adults with adults, if we are to arrive at any safe conclusions ; in other words, we must have the age-periods of the patients or our statistics are unavailing."

In the Prefatory Essay to the eighth of the new volumes of the *Encyclopædia Britannica*, Professor Karl Pearson says :—"A greater knowledge of the nature of scientific method and scientific proof must in some manner be provided for by academic medical training. Medicine, and even surgery, must to a large extent be, and remain, empirical ; but it is just the empirical sciences in which, for example, an accurate theory of statistics is of most importance. It is not too much to say that medical statistics are at present in a most rudimentary condition ; definite conclusions are over and over again drawn from short series of cases, where the trained statistician realizes that the emphasized differences are well within the limits of random sampling ; or, again, A and C are found to be statistically associated with B, and it is argued that A and C must be themselves associated. The recent vaccination legislation has produced the most instructive object lessons in this direction. It has very unfortunately created a large class of men with pecuniary interests in the maintenance of vaccination. These men have had, in the press and at public meetings, to face a strong opposi-

tion, partly sceptical, largely fanatic. It is not too much to say that, from the standpoint of science, the medical defendants' handling of statistics has been excelled in inadequacy only by that of their opponents."

Now I would not say that there are no anti-vaccinist fanatics. In all parties promiscuously brought together for some practical end, it would be strange if we did not find some numskulls, considering how numerous these are. But as Professor Pearson has a world-reputation as one of our greatest experts in quantitative science, I would like to ask him for his evidence that the opposition to the vaccination laws is "*largely* fanatic." Is this a bit of "random sampling"? If he likes to cover his emphatic condemnation of the medical statistics of vaccination, and indeed of medical statistics generally, by a fling at these people, I will not grudge him the poor satisfaction which he thus offers to the "large class of men with pecuniary interests in the maintenance of vaccination." Otherwise his treatment of the latter class is really very inconsiderate. He recommends, nay, insists on a rigidly logical method, without a thought of whether this will lead to the desired conclusion, on which the Jennerian State Church and all its emoluments ultimately depend.

III.

So much for "the consentient reception of professional judges," which, as Sir George Cornewall

Lewis tells us, enables us to distinguish between science and pseudo-science. But it is always worth while to trace how an error came to be accepted as truth; and in this case it is peculiarly instructive. The inoculation of small-pox was getting to be discredited, and the medical profession sorely needed a line of retreat. Now here was one, opened by Jenner, which enabled them, not only to disguise their scientific discomfiture, but to continue the practice by which, to the difficult task of making the sick minority healthy, was added the much easier task of making the healthy majority sick. It has not been sufficiently noticed how enormously the system of prophylatic inoculation adds to medical practice.

Jenner was contemptible as a scientific man, but he was a born diplomatist, in the less respectable sense of the term. The "master-stroke of boldness and cunning" by which he "placed the Latin name *variolæ vaccinæ* first on his title-page, as if he were merely expressing in scientific form the universally accepted meaning of the colloquial name,"* is suggestive of the man.

This diplomatic faculty never deserted Jenner. It is seen in his intercourse with John Hunter, with Woodville, and elsewhere throughout his career. Few men have excelled him in the keenness with which he exploited the weakness of his fellow

* Dr. Creighton's *Natural History of Cow-Pox and Vaccinal Syphilis*, p. 157.

men. Probably no man ever obtained a great scientific reputation at a cheaper rate. How did he get this? Not by his medical degree. This simply represented an investment of £15. The scientific body which is responsible for Jenner's repute is the Royal Society. That august body, which had laughed at Benjamin Franklin's discoveries in electricity and repented its hilarity, admitted Jenner to its Fellowship on the strength of his paper on the cuckoo, which was read before the Royal Society in March, 1788, and was published in the *Philosophical Transactions*, Vol. 78. The chief new point in that paper was a discovery, a description of which, in his own words, I will now quote :—

“The cuckoo makes choice of the nests of a great variety of small birds. I have known its eggs entrusted to the care of the hedge-sparrow, water-wagtail, titlark, yellowhammer, green linnet, and winchat. Among these it generally selects the three former, but shows a much greater partiality to the hedge-sparrow than to any of the rest; therefore, for the purpose of avoiding confusion, this bird only, in the following account, will be considered as the foster-parent of the cuckoo, except in instances which are particularly specified.

“When the hedge-sparrow has sat her usual time, and disengaged the young cuckoo and some of her own offspring from the shell,* her own young ones, and any of her eggs that remain unhatched, are soon turned out, the young cuckoo remaining possessor of the nest, and sole object of her future care. The young birds are not previously killed, nor are the eggs

* The young cuckoo is generally hatched first.

demolished, but all are left to perish together, either entangled about the bush which contains the nest, or lying on the ground under it.

"On June 18th, 1787, I examined the nest of a hedge-sparrow, which then contained a cuckoo's and three hedge-sparrow's eggs. On inspecting it the day following, I found the bird had hatched, but that the nest now contained a young cuckoo and only one young hedge-sparrow. The nest was placed so near the extremity of a hedge, that I could distinctly see what was going forward in it; and, to my astonishment, saw the young cuckoo, though so newly hatched, in the act of turning out the young hedge-sparrow.

"The mode of accomplishing this was curious. The little animal, with the assistance of its rump and wings, contrived to get the bird upon its back, and making a lodgment for the burden by elevating its elbows, clambered backward with it up the side of the nest till it reached the top, when, resting for a moment, it threw off its load with a jerk, and quite disengaged it from the nest. It remained in this situation for a short time, feeling about with the extremities of its wings, as if to be convinced whether this business was properly executed, and then dropped into the nest again. With these (the extremities of its wings) I have often seen it examine, as it were, an egg and nestling before it began its operations; and the sensibility which these parts appeared to possess seemed sufficiently to compensate the want of sight, which as yet it was destitute of. I afterwards put in an egg, and this by similar process was conveyed to the edge of the nest and thrown out. These experiments I have since repeated several times in different nests, and have always found the young cuckoo disposed to act in the same manner. In climbing up the nest it sometimes drops its burden, and thus is foiled in its endeavours; but after a little respite the work is resumed, and goes on incessantly till it is effected. It is wonderful to see the extraordinary exertions of the young cuckoo,

when it is two or three days old, if a bird be put into the nest with it that is too weighty for it to lift out. In this state it seems ever restless and uneasy. But this disposition for turning out its companions begins to decline from the time it is two or three till it is about twelve days old, when, as far as I have hitherto seen, it ceases. Indeed, the disposition for throwing out the egg appears to cease a few days sooner; for I have frequently seen the young cuckoo, after it had been hatched nine or ten days, remove a nestling that had been placed in the nest with it, when it suffered an egg, put there at the same time, to remain unmolested. The singularity of its shape is well adapted to these purposes; for, different from other newly-hatched birds, its back from the scapulæ downwards is very broad, with a considerable depression in the middle. This depression seems formed by nature for the design of giving a more secure lodgment to the egg of the hedge-sparrow, or its young one, when the young cuckoo is employed in removing either of them from the nest. When it is about twelve days old this cavity is quite filled up, and then the back assumes the shape of nestling birds in general."

More than a century has passed away since this more than Irish-landlord power of eviction in the newly-hatched cuckoo was first discovered, together with that Atlas-like conformation of its back, which, as Darwin tells us, "has been boldly called a beneficent arrangement, in order that the young cuckoo may get sufficient food, and that its foster-brothers may perish before they have acquired much feeling!" In a previous edition of this essay, I adopted the conclusion of Dr. Norman Moore that Jenner had been hoaxed in this matter. Not only did Waterton, the renowned naturalist,

pour scorn on Jenner's supposed discovery, but Dr. Norman Moore, who may be regarded as counsel for the defence, threw up his brief on this point. In the notice of Jenner, in the *Dictionary of National Biography**—in the course of which he says that Jenner's discovery of Vaccination "has in the past hundred years saved innumerable lives throughout the world, and entitles him to a place in the first rank of those who have improved the art of medicine"—he also says of Jenner's paper read before the Royal Society:—"The peculiarities of the cuckoo's habits are ably discussed, but the account of the cuckoo removing the young hedge-sparrows is clearly not the result of Jenner's own observation, and Waterton ('Essay on the Jay') has demonstrated its absurdity. The explanation appears to be that Jenner employed a boy, his nephew Henry, to make these observations, who, too indolent to watch, gave an imaginary report."

There can, however, now be no reasonable doubt that Jenner's nephew—if employed for this purpose—did not deceive his uncle as to the *role* he attributed to the young cuckoo. But, as Dr. Creighton very justly says: "Dr. Jenner's paper would never have been remembered but for the element of marvel in it;" and it was the short time which elapsed between the hatching of the bird and its ejaculatory performances which was the chief, though not the only, astonishing part of

* Vol. XXIX., p. 321.

the matter. But, fact or fable, it was the report of the doings of this bird which opened for the narrator the path to fame and riches. This cuckoo, born on the 18th or 19th June, 1787, is undoubtedly the Bird that laid the Vaccination Egg. Upon its diminutive back—of which it may be said, in the words of Hosea Biglow, that “a marcifal Providunce fashioned” it “holler”—it bore the scientific reputation of “the immoral Jenner.” Upon this rested “the consentient reception” of the vaccination doctrine by “professional judges” and “all countries.” Upon this, again, was reared that system of legal coercion and State-established propagation of disease which has resulted in millions of operations per annum, with fees to doctors, manufacture of and trade in inoculational appliances, the establishment of an official class committed to the production of apologetics in its defence, the extension of the system by Pasteur, Koch, Haffkine, and others, cultivation of “pure lymph” and attenuated virus, torture of the lower animals in this process, the hunting down of dissenters, occupation to policemen, boards of guardians, magistrates, jailers, members of Parliament, royal commissioners, voluntary associations, authors, printers, publishers, papermakers, &c. &c. The vastness of the fabric which has been built on the back of this poor little animal is truly amazing.



When will that fabric fall? Small-pox inoculation lasted nearly a century and a quarter, till it was turned from a sovereign prophylactic into a penal offence, by the Act of 1840. Will State vaccination last as long?

LICENSED LIBERTY.

A Dream of the Vaccination Act, 1898.

I AM very fond of travelling, especially of the mental kind; and sometimes I take a flight, on the wings of Fancy, far beyond the range even of the Cook's excursionist. On one occasion—I need not say when—I soared into a region which I shall designate as the Land of Licensed Liberty. I will give you only one hint as to how I got there. You will recollect that the world-renowned Alice travelled through the looking-glass. Well, it is not necessary to do as much as that to get from England to the region which I am about to describe. All a Briton needs do is to stand well up in front of the looking-glass. From that point of view, if his mental vision be of the requisite capacity, the landscape of Licensed Liberty will lie full before him.

I may say that, before setting out, I thought it well to be provided with a letter of introduction, and obtained one to Dr. Flystail, a well-known

champion of liberty—to do what *he* likes. The doctor received me very cordially, and was much interested when I told him that I wished to study liberty as understood in his country.

“You could not do better,” said the doctor. “We are not so advanced as they are in Germany; but ours is a capital country for the study of freedom, Of course you regard freedom not as end, but as means?”

“That depends on the standpoint from which you view it,” said I. “It is the political end, but an ethical means.”

“Ah! well,” he said; “you agree that what we want is to make people happy.”

“What we want is that people shall be happy, undoubtedly,” I replied.

“Very well,” said the doctor. “If they will not do what would make them happy, I’d compel them.”

“How good of you!”

“Well, you know, there are a number of stupid people who can be dealt with in no other way. Don’t you agree?”

“I am not disputing it. I have come to learn. What I would like to know is how you distinguish the stupid people from the others.”

“Didn’t I tell you the stupid people are those who *will* not do what is good for them?”

“You did tell me something of the sort; but that does not enable me to distinguish them. Who is

it that sets the standard of what is good for these people to do ? ”

“ Why, those of us who know, of course. Don't you understand that ? ”

“ I do, perfectly ; but how are those who know determined ? ”

“ Eh ! Sensible people recognize them, and the rest must be coerced.”

“ Pardon me ; I am a poor, benighted foreigner, on the search for information ; and to my dull intellect it appears that we have come round to the point from which we started. How am I to find out who are the sensible people ? ”

“ The people who agree with me, of course,” said the doctor, giving me a playful nudge. “ Isn't that how we all identify sensible people ? ”

“ I don't know,” said I. “ I have not had much practice at that sort of thing ; but now I understand you. You and those who agree with you are sensible people, and the rest are stupid ; and you coerce these stupid people into doing what you regard as good for them. But do they submit ? ”

“ Not all of them.”

“ Then what happens with the rebels ? ”

“ I am sorry to say the Government is very weak-kneed in dealing with them. But that is a long story.”

“ Pray tell it to me,” I said.

“ Well,” replied the doctor ; “ a few years ago, some of our leading men in the profession argued

that they have as good evidence in favour of a hundred other things which they prescribe as of vaccination."

"I do not doubt it," I said.

"And therefore, they said, there is as good a case for compulsion in these cases as in that of cow-pox inoculation."

"Quite true."

"So, at the end of the session, they got through a Bill, which no one quite understood at the time, but which practically gave Dr. Twothorns the power to schedule any medical remedy and make it compulsory."

"Ah! that was something like a measure."

"I am glad to see you are with us," said the doctor. "I do not see how anybody who agrees to State-enforced vaccination could dissent from this extension of the principle."

"Neither do I. But what happened? Did the people submit?"

"I am sorry to say they did not. But the estimates showed that a brave attempt was made to carry out the law."

"It had an effect on the estimates?"

"Of course. These things can't be done without spending money. Inspectors can't be expected to work for nothing. And then, of course, you know that every step of this kind means the extension of a Government department or the creation of a new one, with a secretary, assistant secretaries, clerks,

assistant clerks, messengers, doorkeepers, and other functionaries. And these people don't work *in vacuo*. There are all sorts of expenses connected with their *fonctionnement*, as the French would call it."

"Yes ; I quite understand that. But were these new functionaries contented with the very limited success of the system ? "

"That was not their business," said the doctor. "If the Government chooses to appoint an inadequate staff, the responsibility is not with the staff."

"So the failure was the result of niggardly expenditure ? "

"Mostly so. I do not know how long the protection afforded by vaccination lasts. Do you ? "

"I certainly do not," I replied.

"Well then, that being the case, the oftener a person is vaccinated the better. This means a large increase of employment on vaccination ; and the same thing is true of other inoculable diseases. There are about thirty at present for which I would inoculate, and every year is adding to the list."

"And I suppose you are not likely to know how long the protection lasts which is conferred by any of these inoculations ? "

"I do not see how we can know," said the doctor.

"So that 'the oftener the better' must be the rule for each of them ? "

"I suppose so," said the doctor, "and the prospect frightens some silly people."

"Not the medical ones?" asked I.

"Oh! no," said the doctor. "We are used to these things, and are willing to face the consequences."

"That is very brave and disinterested on your part," said I; "but let us get back to the cause of your failure. You attribute that to inadequate Government expenditure?"

"Not solely."

"What other cause was there?"

"Well," said the doctor with a dismal sort of a chuckle, "you can never do anything of this kind, but somebody is sure to step in and mar it. I suppose the large amount of State expenditure on scientific methods of repressing disease roused the envy of the clergy. At all events, they claimed that they were physicians, too—that if ours was the cure of bodies, theirs was the cure of souls. They argued that the evils from which they guard mankind are much more terrible than those which are described in any of our books on pathology. They urged, too, that their claim to make people accept their prescriptions was hallowed by the centuries, while ours was a mere innovation and a plagiarism on theirs. The truth is they wanted some share of the loaves and fishes. They did not hope to be more successful than we were in making dissenters conform to their dogmas; but the

machinery for supplying these dissenters with orthodox theology would be brought into existence and paid for."

"And your profession was naturally indignant at these low, mercenary motives?" said I.

"Well, we *were* indignant; but we were obliged to come to terms with them."

"How was that?"

"They threatened us with denunciations from their pulpits. They accused us of what they called 'coercionist materialism'; and the matter was also getting into the press. We were already being strongly opposed by the 'antis'; and this threatened a coalition which would have been too much for us. So, at our instigation, the Government passed an amending Bill, which gave Dr. Twothorns a colleague appointed by Convocation. Now, every parson appointed on a Board of Guardians votes for us through thick and thin."

"I see; you scratch their backs and they scratch yours."

"Of course," said the doctor. "Isn't that practical politics?"

"I suppose it is," I said; "but what did the clerical colleague of Dr. Twothorns do.?"

"He drew up a number of theological prescriptions for children, to which all parents were to be compelled to conform."

"And what was the result?"

"More rebellion than ever, though the rebels quarrelled among themselves. The medical dissenters told the religious dissenters that they had courted their fate through desertion of principle—that they ought to have resisted the imposition of a medical orthodoxy from the first—that the right of private judgment was as sacred when applied to the affairs of this world as when invoked with regard to those of the next—that a physical priesthood armed with tyrannical powers was no less dangerous than a spiritual priesthood under like circumstances—and a lot more stuff of that kind. I can tell you it was getting hot for us."

"What did you do?"

"We did nothing. It was for the Government to act; and they, instead of strengthening the police or calling out the military, passed a ridiculous measure by which any person who could convince a magistrate that he had what the fools call a 'conscientious objection' to any of our prescriptions, could get a sort of license to make an ass of himself."

"From my observation of the world," said I, "I should have thought a license was scarcely necessary for that purpose."

"Of course not," said the doctor, not quite catching my meaning. "I have no license of exemption from theological prescriptions, and no one troubles me; and we do not trouble every-

body. Measures of this sort have to be enforced with discrimination."

"But all are not so lucky?"

"I should think they are not. If you want to be convinced of this, let us step round to the Clayborough Street Police Court and listen to some of the cases."

"That is just what I should like," I said.

We were in the Police Court in a jiffy. The magistrate was on the Bench, and there was a short, dark man in the dock. I was startled on looking at him. I seemed to see by intuition that he was an Israelite by race and a tailor by handicraft; but I did not notice what was going on till a policeman came forward and explained to the magistrate that this man refused to have his child baptized.

"Is that true," said the magistrate to the prisoner.

"Yes, your worship."

"Well, what have you to say? You know that it is the law of the land, and that none except criminals and idiots disobey the law."

"I know the law," said the prisoner; "but I also know that, as I conscientiously object, the same law gives me the right of exemption."

"No, it does not," said the magistrate; "for I could refuse exemption to you. I must be convinced that your objection is conscientious, and

who, except myself, can say whether I am so convinced ? ”

There was a pause.

“ What have you to say ? ” asked the magistrate again.

“ I say that I cannot baptize my boy. Nothing should compel me to do that.”

“ Do you not know that this has been decided by those who are authorities on these matters, and know much better than you do ? And do you mean to say your child would be hurt by a few drops of water ? ”

“ I do not. It is not water I object to. It is the symbolical use of it, to enforce on my child a faith to which I am opposed. I believe it is my duty to bear witness to the truth for which my fathers have lived and died, and to impress the same duty on my children ; and, so may God help me, not all the penalties which man can inflict shall move me from that duty.”

“ Go your way, you foolish man,” said the magistrate. “ Take your certificate.”

“ You see,” said the doctor to me, “ the magistrates have evidently had a tip from headquarters to make it as hot as possible for the applicants for these exemption licenses. The result is that we don’t lose so much by the law as might be thought. Fanaticism like this man’s can only be broken down gradually by fines and charges ; but a number of timid people are kept out of Court by dread

of the ordeal through which they would have to pass, and the poorer ones by lack of the money for the certificate."

"Do they have to pay for that?" I asked.

"Yes," said the doctor; "you see that man whom we have just heard is paying two shillings for his. But we must be quiet. Here is another case."

"Who are yer a' shovin of? D'yer take me for my bloomin barrer?" These words were addressed to a policeman by the next occupant of the dock, a brawny and rubicund specimen of humanity, whose neck was loosely enveloped in a brilliant Bandanna handkerchief which raised its circumference above that of his head. This introduction somewhat disturbed the order of the proceedings.

"What do you want, my man? Don't waste my time," said the magistrate, who had not quite got over the last case.

"I? Lor bless yer vusshup, I want nuffink at all, 'xcept to be let alone. Yer vusshup can serve me and gi' me the change out in less 'an no time."

"This man refuses to be inoculated for chicken-pox," explained a policeman.

"Chicken-pox!" exclaimed the prisoner, darting at the accusing constable a look of ineffable scorn. "Does yer vusshup think I looks like a man who wants to 'ave chicken broth sqvutted into him? If yer 'ave any of that sort 'o stuff yer want ter get rid of, sqvut it inter that there perliceman. Pore chap, he wants blowin out."

"You have been notified," said the magistrate, "as a recusant against inoculation for chicken-pox. Have you any defence?"

"Not that I knows of. Yer see this ain't fair fightin, yer vusshup. If these 'ere doctor chaps 'ud come out and settle it fair and square, I'd soon show what defence I'd got. But they sneaks up to a perliceman, and they says: Look 'ere. That there Joe Sprouts is lookin the picter of 'elth. If 'e goes on in this vay, we shall never get a sixpence out of him, and pore Joe will be payin his money for years an' years inter 'is Burial Club afore 'e gits any benefit out of it. We must sqvut sunthin inter 'is 'elthy blood, which'll make 'im come all out in sores like Bill Summers's wife did, or make 'is 'ed swell out with hairy-sipplus like my old guvner's did; and then they come 'ere, an' stuffs yer vusshup tha't they are dyin to pertect me from a complaint which I am no more likely to git than my moke is to climb to the top o' St. Paul's."

The magistrate had made several ineffectual attempts to stop this oration. At this point he succeeded.

"You are remanded for a week in order that you may get inoculated," said he to the prisoner. "Next case."

The man who now stepped into the dock was in every way a contrast to the one who had just left it. He was a tall, thin, pale man, with light unkempt hair. His clothing, which was of the

poorest kind, hung loose upon him. His whole appearance was that of a man who was making a hard struggle for a bare subsistence.

"You were here a few days ago," said the magistrate, with a scowl which seemed to suggest that the case was one of habitual drunkenness or pocket-picking.

"Yes, I was, unfortunately," said the man, very quietly.

"On a claim for religious exemption," said the magistrate; "and you yielded your claim rather than pay for the certificate?"

"I did," said the man. "Your worship may find some difficulty in understanding a person like me. I wanted to withdraw my boy from teaching which I believe will do him no good, which may warp his youthful mind, and take up time wanted for other subjects more useful at his age. I would be glad to put the whole of this question of theology before him later on, when he will be more fitted to judge such matters; and I came here, at a sacrifice of time I could ill spare, to obtain leave to do this. But when I was asked two shillings for the printed permission to do it, I could not pay that sum and leave my children without their dinner. My boy must submit to this teaching. I will watch over him as well as I can and endeavour to counteract it; and, when he grows up, I will tell him how I was forced into delivering him up to it."

"But if you cannot afford to pay for the certificate," said the magistrate, "what have you come for to-day? Do you think I have nothing to do here except to hear the tales of a set of ignorant fanatics?"

"No one would be more pleased than I," said the man, "to learn that your worship's time was less occupied in this matter. I have not come here on the same errand as before, or indeed for the same child. I have come to obtain a certificate of exemption from vaccination for another of my children."

"But if you cannot pay for the certificate," said the irate magistrate, "what is the use of wasting my time?"

"Ah! your worship is mistaken," said the man. "It is true I can ill afford to pay for this certificate. Some of my children will have to starve for the time in order to purchase the exemption of their sister. But it must be done. I yielded last Thursday, because I could hope to prevent my child being hurt by the indoctrination to which I had to submit. But if, to-day, I were to allow this poisonous filth to be put into the body of my healthy child, nothing that I could do would avert any evil consequences which might follow. They might kill my child, and then defame my wife, in order to cover the legal murder. That has been done, your worship, in another case. Here are the two shillings."

"I would sign a certificate of lunacy for that man," said the doctor.

"He'd better not fall into my hands," said a burly policeman, who had overheard the doctor's remark.

That was too much for me. My wings drooped, the scene vanished, and I dropped straight to earth.

STATE VACCINATION :

With Special Reference to Some
Principles of Ancient Judaism.

SHORTLY before I was about to start for the Continent, in September, 1896, in order to attend the Berne Conference of the British, Continental, and General Federation for the Abolition of State-Regulated Prostitution, I was asked to speak at a public meeting to be called to express sympathy with a fellow Israelite, Mr. Henry Levy, who had been imprisoned because he declined to have his child vaccinated. To this invitation I was obliged to plead that I would be in Switzerland at the time of the meeting ; but in the letter conveying this plea, I added, *inter alia* : " The people of my own race, it seems to me, are specially bound to detest the inoculation mania and all its works. Anything more opposed to the spirit of ancient Judaism than the insertion of an animal disease in the human body I find it difficult to conceive."

This letter was read to the meeting, and the above passage was reported in the press. Upon

this, Mr. Harris, also an Israelite, and a member of the Whitechapel Guardians, who had prosecuted Mr. Henry Levy, wrote to Dr. Adler, the Chief Rabbi, "asking his opinion on vaccination."

It should be explained, for the benefit of the Gentile world, that Jews have no ecclesiastical chief such as Roman Catholics have in the Pope. Dr. Adler is not only merely a *local* Chief Rabbi, but his jurisdiction does not extend over all Jewish congregations in England. "Orthodox" Jews are divided into two sections, called respectively Ashk'naziyim and C'fardiyim, that is, German and Spanish. The former consist of the Jews of Northern Europe and their descendants, the latter of the Jews of Southern Europe and their descendants. These two sections have a different mode of pronouncing Hebrew, a separate ecclesiastical organization, and to some extent a different ritual. Outside of both these "Orthodox" bodies are the Jewish "Reformers," who differ not only from the "Orthodox" but also from one another, much in the same way as Protestants and Catholics among Christians. Dr. Adler is the Chief Rabbi of 'Ashk'nazic section of the "Orthodox" Jews of the British Empire. The C'fardic section of British "Orthodox" Jews have their own Chief Rabbi, or Hhakham. The "Reformers" have their own congregational organization. In the United States, which bids fair to be the Metropolitan State of Modern Jewry,

the "Reformers" are very numerous and influential. If Judaism have a future, it will—in my opinion—probably be worked out in America.

This diversity may astonish most people, who attribute to Jews a homogeneity, both religious and racial, which will not stand any real examination. This mirage of Jewish unity is little to be wondered at since even Mr. Israel Abrahams, M.A., the Reader in Rabbinic at Cambridge, confesses that, when he undertook to write his very meritorious work, *Jewish Life in the Middle Ages*, he "did so under the impression that Jewish life was everywhere more or less similar, and that it would be possible to present a generic image of it. Deeper research has completely dispelled this belief. Possibly," he adds, "the reader may note with disappointment that my books reveals no central principle, that it is a survey less of Jewish life than of Jewish lives."* And, a few pages farther on, he says:—"Jewish life gained more than it lost by the freedom of the individual, the freshening of the atmosphere, and the avoidance of clerical arrogance."†

Let me now return to my narrative. The Chief Rabbi replied to Mr. Harris's question that I was not justified in making the statements contained in the letter—that the most competent medical authorities were agreed as to vaccination being a

* Introduction, p. xxiv.

† p. 37

prophylactic against small-pox ; and he added that its use was in perfect consonance with the letter and spirit of Judaism.

To this I replied, in the *East London Observer* and the *East London Advertiser* :—

“ Those who wish to find the basis of my opinion should turn to Leviticus, chapter 19, verse 19, and Deuteronomy, chapter 22, verses 9 to 11, The crossing of animal with animal, and even of vegetable with vegetable, is here forbidden. I need scarcely tell even casual readers of the Pentateuch that still more is the crossing of the animal and the human forbidden. And this is not a merely casual or isolated law. It is harmonious with the whole body of laws relating to regeneration on the one hand and hygiene on the other. What is the use of the elaborate regulations prohibiting the use of unclean animals as food, if animal filth of the most virulent description is introduced directly into the human blood ? What is the sense of turning up one's nose at a grafted orange, and grafting on a healthy child microbic ‘ lymph ’ from a diseased cow ?

“ I repeat, sir, that the whole of the modern inoculation system, from Jenner to Pasteur and Koch, is abhorrent to the spirit of *ancient* Judaism. When this system of poisoning our blood in order to keep our blood from being poisoned has passed to that Hades of historic superstitions where are to be found blood-letting and salivation, and

other once fashionable fads patronised by 'the most competent medical authorities,' men will turn to that grand old system of internal and external cleanliness which was of the essence of the ancient Judaism, and will recognise how much wiser it was than the modern pseudo-scientific doctrine of salvation by filth."

Mr. Henry Levy, who had so incontestably shown his sincerity and devotion, seems to have doubted the possibility of the authenticity of the Chief Rabbi's reply, as reported. So he wrote to him the following letter :—

159, Wentworth Buildings,
Whitechapel.

October 18th, 1896.

REVEREND SIR,—Permit me for a few moments to encroach on your valuable time in order to settle a very important question which is arousing great interest in Whitechapel. Your name was mentioned by Mr. John Harris at a meeting of the Whitechapel Board of Guardians, during a debate on compulsory vaccination. Mr. John Harris said he received a letter from you stating that vaccination was in consonance with the letter and spirit of Judaism.

On my own behalf, and also on behalf of other friends, I write to ask if your views have been correctly reported? This is a very serious matter for me. I have been taken to Worship-street Police Court, and have been sentenced to imprisonment, and I have endured imprisonment at Pentonville Prison rather than to have my child's blood contaminated by diseased matter called vaccine. Neither I or any of my friends can for one moment think that you would inculcate the duty of using disease as an ally in order

to guard against a disease which can only be fought by cleanliness and purity.

In order to show you that I do not stand alone in this matter, I send a cutting with this letter from this week's *East London Advertiser*, in which Mr. J. H. Levy, who is not known personally to me, writes on the same question, and I enclose a copy of a declaration made by Mr. Abraham Harris, of Newcastle Place, and sent by him to the Whitechapel Board of Guardians. Asking the favour of an early reply,

I am, Reverend Sir,

Your obedient servant,

HENRY LEVY.

To this letter the following reply was sent:—

Office of the Chief Rabbi,

22, Finsbury Square,

London, Oct. 19th, 5657.

DEAR SIR,—The statement of Mr. Harris is quite correct. It seems to me a great folly to disobey the law of the land in regard to vaccination, which has been instituted solely for the welfare of the citizens of the State and in obedience to the teachings of sound science.

Mr. J. H. Levy is not an authority on medical science, his opinions on the subject have therefore no value.

Believe me,

Yours faithfully,

H. ADLER.

To this second letter of the Chief Rabbi, I replied as follows, in the *East London Advertiser*:

SIR,—Some of my friends at the East End seem to expect that I should make some rejoinder to the repeated personal attacks of the Chief Rabbi. I do so very unwillingly. His dialectical methods are not

mine. He says I am "not an authority on medical science," and that my opinions on vaccination "have therefore no value." I suppose the former of these statements means that my name is not to be found in the Medical Directory. I have not bought a £15 medical degree, as Jenner did. But if, because of this, my opinion adverse to vaccination is worthless, Dr. Adler's opinion, that it is "sound science," must be held equally destitute of value, for the same reason. But Mr. Editor, I altogether demur to the weighing of "opinions" in this manner. The worth of a man's conclusions on any point are to be determined by the weight of the evidence he can marshal in their support, not by any *à priori* judgment as to his "authority." If I were to state that the square on the hypotenuse of a right-handed triangle is equal to the squares on the other two sides, and were to cite Euclid's demonstration in proof of this, it would be no answer to me to say:—"You are no authority on geometry. I cannot find that you have ever taken a mathematical degree, and your conclusion therefore has no value." I did not merely state my opinion on the point at issue. I expect no man to share my opinion merely because it is mine. I stated the reasons—or some of them—for the faith which is in me. And I shall hold to that faith till some person can show me that the balance of evidence is on the other side. Mere dogmatic assertions, by whomsoever made, I shall entirely disregard. Dr. Adler will find some difficulty in converting the democracy of this country to his theory of guidance by "authorities." What would be the state of our laws now if we had consented to be led solely by lawyers? Our great steps in legal reform have been attained in the teeth of strong opposition from high legal authorities; and even now the great difficulty in the way of ameliorating our semi-barbarous penal code is to be found in the resistance of judges and prison authorities. Where should we be with regard to

religious freedom and equality before the law, if the course of our politics had been determined by the ecclesiastical authorities? Step by step, the emancipation of Dissenters, Catholics, Jews, has been won in defiance of opposition by the bench of bishops. And a similar phenomenon is observable in medical politics. For twenty years, a medical clique succeeded in inflicting on this country that abomination of abominations, the Contagious Diseases Acts; and the same clique is now intriguing for their re-enactment. Medical authority has sustained vivisection—that handmaid of the inoculation system—till all Europe resounds with the cries of tortured animals, and men and women, debased by these cruelties, naturally turn to hunting down Jews, who are a minority in every country in which they are found. I have confined myself, in this letter, to dealing with Dr. Adler's plea for authority. With the Vaccination Question, as a whole, and especially with its relation to the ancient sanitary system of my own people, I shall have an opportunity of dealing at the meeting in your neighbourhood at which I have promised to speak.

I have the honour to be, Sir,

Your obedient Servant,

J. H. LEVY.

25th October, 1896.

On Tuesday, 17th September, 1896, a full meeting (chiefly of persons of Jewish race) assembled in the large hall of the Jewish Social Club, Mansell Street, Aldgate, to hear an address from me on the above subject. As was said in one of the newspapers at the time:—"Owing to the view the Chief Rabbi has taken, and the correspondence thereon, intense interest was manifested, the lecturer being listened to with rapt attention, interspersed with hearty

applause." Mr. H. S. Schultess-Young, Barrister-at-Law, presided. Among those present were Messrs. Alfred Milnes, M.A., H. N. Mozley, M.A., A. W. Hutton, M.A., W. L. Beurle, A. G. Thorn, J. H. Lynn (Secretary to the National Anti-Vaccination League), C. Wilkinson (Lewisham Board of Guardians), J. Collins (Whitechapel Board of Guardians), John Brown (Chairman, Mile End Board of Guardians), and J. F. Haines (Hon. Secretary, Tower Hamlets Branch, National Anti-Vaccination League). — The Chairman briefly opened the meeting, and the Hon. Secretary, Mr. J. F. Haines, read the correspondence.

I then delivered the following address :—

I have a favour, Mr. Chairman, to ask of the non-Jewish portion of my audience. I desire with their permission, to address myself specially, this evening, to those of my hearers who are of the race to which I have always esteemed it my good fortune to belong. I do this, not because I desire to foster in my fellow Israelites a political particularism to which I am strongly opposed. Nor do I wish to throw theological prejudice into the balance, in the decision of political and scientific questions. I thought that my record would have saved me from such imputations. But I have been asked whether I am about to appeal to the gallery. Sir, there are some questions—questions in which the suit is made directly to human sympathy and to the love of

truth and equity—on which I would rather appeal to the gallery than to the stalls. The culture that comes from mere wealth may be worth much, but its tendency is not to widen the sympathies and strengthen the love of justice. Quite the reverse. The Hebrew prophets teem with warnings against the seductions of mere riches, and the deadening of the sensibility to wrong that too often comes with it.

I make no excuse, therefore, for addressing the masses in this matter. The main point which I shall, this evening, ask you to decide is not a medical one, or a theological one, but a political one—one which you must virtually decide when you choose your representative in the House of Commons—one for the decision of which there is no necessity that you should come to any conclusion as to the efficacy of vaccination. I shall ask you to affirm that compulsion in this matter is unjustifiable. I have, ever since I began to think over the matter, held that view—even when, in the fulness of my ignorance of the merits of vaccination, I bowed to what those around me held to be medical authority, and had my children vaccinated. Even then I held that my acceptance of vaccination would not justify me in forcing it on parents who did not accept it. I may yield to my medical man's authority for myself, and for the children who are under my care. But surely I can have no right to force it on others who dissent from it. I may hold

that my neighbour's child is in danger ; and, if I think so, it is my duty to try to convince him of that danger. But I have no right to coerce him into the adoption of my view ; and the fact—if it be a fact—that those who agree with me are more numerous than those who agree with him, gives me no such right. Mere numbers do not justify us in interfering with our neighbour's freedom, or minorities—and Jews are a minority in all countries—would have no rights at all.

It was just this sort of interference which happened in the well-known Mortara case. Let us do justice to the Roman Catholics who took the young Mortara out of the hands of his parents and brought him up in their own faith. They were, no doubt, quite sincere in the belief that the Jewish child was threatened with a fate compared with which even the worst attack of small-pox is a mere flea-bite. I recollect the indignation which was expressed here in England at the abduction of the young Mortara ; but I reminded many of those who gave vent to this feeling, and who were vaccinal coercionists, that they were flogging their own backs. What could they say to the clerical coercionists ? Nothing at all. The assumption on which compulsory vaccination is justified would also justify every orthodox Christian community in depriving all Jewish parents of the religious care of their children.

Do not suppose that either the clerical or the

vaccinal compulsionist is necessarily a bad-intentioned man. He is very seldom that. When he has not taken the hue of his thought from the flood of opinion in which he is submerged, he is usually a puzzle-headed man who has lost his way over an ethical question. He argues:—"Either the vaccination doctrine is true or it is false. If it is false, there is an end of the matter; but if it is true, why should we allow parents to inflict on their children—that is, the whole British community of the future—an unnecessary risk of a horrible disease?" He does not see that he is, by arguing in this way, begging the question. We have no means of dividing propositions into those which are certainly true and those which are certainly false. All that it is in our power to do is to judge as best we can by the evidence presented to us; and all that we have done or can do when we say that a proposition is true, is that we have examined the evidence for it and have convinced ourselves that it is true. But our mere conviction does not justify us in persecuting our neighbour who has it not, into conformity with our belief. This is a point which I should like to press on the attention of Mr. Chillingworth, a member of your Board of Guardians. He seems to think that the majority of the Vaccination Commission have been guilty of some inconsistency, because, while they believe, in a mild and qualified sort of way, in the efficacy of vaccination,

they recommend that it be not enforced on those who are conscientiously opposed to it. I cannot see where the inconsistency comes in. In order to make this inconsistent we should be obliged to affirm that everybody is logically bound to compel others to conform to every doctrine which he holds to be good and true.

The truth is that it is not the majority of the Commission, but the minority—my friends Dr. Collins and Mr. Picton—who have laid themselves open to a serious charge of inconsistency. These gentlemen have drawn up an admirable report, showing that the evidence does not support the vaccination doctrine, and that its enforcement “is neither possible, nor expedient, nor just.” Still they go out of their way to recommend that, with the exception of the repeal of the compulsory clauses of the Vaccination Acts, those Acts should be maintained. In other words, these gentlemen hold that the vaccination doctrine is false, but that it should be established and maintained at public expense, because, forsooth, the majority are supposed to believe in it. If a majority of the people of these islands believe in vaccination, why should they not be left to support it out of their own earnings? The more preponderant their numbers, the meaner is their coercion of their fellow-citizens into the payment of rates or taxes for the support of a medical church from whose doctrines they conscientiously dissent. What right the majority

have to force the minority to support a doctrine which that minority believe to be false and hurtful, Dr. Collins and Mr. Picton have not explained. If the majority have this right of coercing the minority—of compelling them to work part of the day for the support of that to which they are opposed, why have they not also the right of coercing them further into vaccinating their children? In the downward march to tyranny, it is only the first step which costs anything.

I have now completed the first step of my argument—the only step which is really essential for political purposes. I have endeavoured to show that a vaccinationist majority—supposing it to exist, which is very doubtful—is not within its right in forcing its convictions on a dissentient minority. Let those who believe in vaccination make themselves and their children safe. If we are in error, the natural penalties of our mistake will surely be heavy enough. Let the vaccinationists look on in calm security, while we are swept off the face of the earth as the result of our contumacy.

Let me now take you one step farther. Not only would you be doing wrong, if convinced of the truth of the vaccination doctrine, to force that doctrine on others who are unconvinced; but I hold that the arguments in favour of vaccination are altogether worthless, and the practice itself is “a grotesque superstition.”

Jenner, the founder of vaccination, was apprenticed to a country surgeon, and afterwards was sent to be a pupil of John Hunter. He made himself useful to Hunter, and at his house met Banks, who afterwards became President of the Royal Society. In 1772, he returned to the country and set up as a medical practitioner. On the 13th March, 1788, he read his paper on the cuckoo, before the Royal Society; and in the following year, he was elected a Fellow of the Royal Society. In all this, his acquaintance with Hunter and Banks no doubt stood him in good stead.

What I think about this paper on the cuckoo you may read in my little essay entitled, "The Bird that Laid the Vaccination Egg." But it was this which created the position on which Jenner afterwards traded. When the value of his vaccination nostrum was challenged by Dr. Ingenhousz, he promptly stood on his position as an F.R.S.

Jenner found that the Gloucestershire dairy-maids were sometimes afflicted with a disease of the hands, which they caught from the teats and udder of the cow, and which they called cow-pox. A legend had grown up among these uncultured people that cow-pox acted as a preventive of small-pox. This legend was perhaps based on nothing more than the fact that the names of the diseases both ended with the syllable "pox." One of the oldest ideas to be found in the folk-lore of medicine is that maladies are to be cured by that

which in some way resembles them, the resemblance often being merely in the names and not in the things. Thus the bite of a dog was to be cured by the root of the dog-rose. Pliny says that dogs have a worm under their tongues which, carried three times round the fire, is given to persons bitten by a mad dog, to prevent hydrophobia. We have here the germ of Pasteurism.

Jenner adopted this Gloucestershire legend, and called cow-pox *variolæ vaccinæ*, which, being Latin, would go far with some people to establish its scientific value. The medical profession being very much in want of a line of retreat from the position they had taken up on small-pox inoculation, adopted vaccination without such examination as they might otherwise have given to it.

How was the case for vaccination made out? Some people seem to think it was by statistics; but they forget that these statistics could not be in existence till vaccination had already been adopted. The attempt was made, in the early history of vaccination, to establish it by experiment. These experiments were of course performed on human beings. Of their utter recklessness I will give you a single instance.

“On the 16th of March, 1798, Jenner took virus from a sore upon the hand of a stableman, Thomas Virgoe, who had been infected while washing the heels of a greased mare, and inoculated it upon

the arm of John Baker, aged five years. The record of the experiment is sufficiently brief :—‘ He became ill on the sixth day with symptoms similar to those excited by cow-pox matter. On the eighth day he was free from indisposition.’ So far as the text is concerned, that is all. A coloured plate is given of the boy’s arm, representing a stage of the infection probably later than the eighth day, although we are left to guess the date ; the large, whitish vesicle has fallen in, there is evidently a sore of some depth beneath the brown sloughing cuticle, and there is an angry, brick-red zone of erysipelas for some distance around. If the child was free from indisposition on the eighth day, it was only because the full force of the filthy infection had still to be felt. A mere look at the collapsed vesicle in the picture will satisfy any practised eye that sloughing ulceration was imminent, and the brick-red colour of the skin around is equally ominous.

“ There is no doubt that Jenner intends the narrative of this child’s inoculation with horse-sore virus to conclude with the reassuring statement that, on the eighth day, he was free from indisposition. It is only in a footnote on a subsequent page, inserted to explain why John Baker was not tested with small-pox after being horse-greased, that we read :—‘ The boy was rendered unfit for inoculation from having felt the effects of a contagious fever in a workhouse soon

after the experiment was made.' The child, it appears, was rendered unfit for inoculation by unhappily becoming a corpse; he felt the effects of a contagious fever, soon after the experiment was made, to some purpose, for he died of it.*

Jenner launched a large number of medical men on these experiments, which were conducted in the most unintelligent manner. In reading the account of these experiments, one scarcely knows which to wonder at most, the absence of logic, or the absence of common humanity, of those who indulged in them.

From Jenner's day to this, experimentation on the lower animals and human beings has grown concurrently with the extension of the inoculation system. All Europe resounds with the cries of tortured animals, the victims of sham science; and the hospitals are made use of for like experimentation on human beings. Thirteen years ago a prominent medical man put forward and defended, in the pages of the *Standard*, the practice by which the poor in our hospitals "are made use of otherwise than for treatment"—by which they are used as *corpora vilia*, vile bodies, upon whom experiments are tried for the benefit of others. When I called attention to this, later on, in the Health Section of the Social Science Congress, not one of the medical men present repudiated this monstrous doctrine.

* *Jenner and Vaccination*. By Charles Creighton, M.D., pp. 66-7.

So much for the moral aspect of these experiments. Now a word as to their logical aspect. The majority of the Vaccination Commission contend that, "if Jenner was an honest witness, it is scarcely possible to believe that 'the experiments of inoculation' with small-pox after vaccination showed that the latter had no protective influence." But, in the first place, a scientific doctrine could scarcely rest on Jenner's exactitude, in which I for one have not the smallest confidence. And, in the second place, the analysis by Dr. Charles Creighton, in his excellent book on "Jenner and Vaccination," and by Dr. Collins* and Mr. Picton, in their portion of the Report, are conclusive against the logical value of these experiments as a sufficient foundation for the vaccination doctrine. What can be the use of appealing to Jenner's trustworthiness as a witness for the success of the variolous test when we have plenty of cases of persons recently vaccinated taking small-pox and dying of it?

As regards the statistics, you must bear in mind that the statements summed up in them are statements made by one of the parties to this controversy, and the one which is pecuniarily and professionally interested in the defence of vaccination. Dr. J. H. Bridges, in the current number of the *Positivist Review*, writing of the risks attendant on vaccination, says:—"Medical

* Now Sir Wm. Collins, M.P., M.D.

statistics cannot be quite trustworthy on this point, from the nature of the case. A doctor vaccinating a child will obviously be unwilling to say that vaccination did harm, unless he is a man above the ordinary standard of courage and conscientiousness." Now the same consideration applies to the medical statistics of vaccination generally. This bias, which Dr. Bridges is candid enough to admit, vitiates the medical discrimination between vaccinated and unvaccinated cases of small-pox. It vitiates the grouping of the figures which determine the statistical results. It vitiates the inferences which are drawn from those results.

There is nothing the public is more helpless about than statistics. The remark is frequently heard that statistics can be made to prove anything. But this, of course, is so only because fallacious methods of proof are accepted. The medical profession, who are, as a body, very deficient in logical training, are as ignorant as other people on this subject. They are no authorities at all on any statistical matter.

Not only is the enforcement of vaccination a most iniquitous invasion of parental rights, but vaccination itself is utterly valueless as a prophylactic against small-pox ; its use is attended with very grievous risks, it draws off attention and energy from efficacious methods of combating disease, and the large sum it costs could be much

better used in feeding the children whom it poisons.

And now I have a few words to say to you, in conclusion, on the specially Jewish aspect of this question. We people of Hebrew race have passed through many centuries of the most terrible persecution—persecution of which there has been a cruel revival in our times. We have been shut out from occupations which give vigour to the frame. We have been shut up in unwholesome Ghettos. We have suffered all the mental strain involved in constant insecurity. And still we have come out with a physique which is a marvel to scientific men, which is a matter of just congratulation to ourselves, and which ought to be a matter of serious study for all men. Now a large factor of this result is, in my opinion, the wonderfully wise hygienic code which Jews made a matter of religious observance, but which has been reduced to ceremonial insignificance. This code may be summed up as follows:—(1) It was forbidden to take into the human body any unwholesome or diseased animal matter. (2) Personal cleanliness was strictly enjoined. (3) Humanity and consideration towards the lower animals was directly and indirectly made an object of constant care.—Some animals were entirely forbidden as food. Others might be eaten, but individually they were to be submitted to the closest scrutiny, so as to exclude diseased

specimens. Animals irregularly killed were not to be eaten, cruelty being thus kept in check. The mixture of animals and plants of different species, and still more the mixture of the animal and the human, was placed under the strictest ban. Cleanliness was not put next to godliness, but incorporated in it; and cleanliness, understood in its widest sense, is the soul of hygiene. Said Sir Benjamin Ward Richardson:—"If, by some magic spell, England could wake up to-morrow clean—as I shall define the term—she would wake up pure also in spirit and godly in the comprehensive-ness of goodness. Cleanliness covers the whole field of sanitary labour. It is the beginning and the end."

If I have carried you with me so far, I think you will agree with me that the spirit, if not the letter, of ancient Judaism is antagonistic to that combined system of vivisection and inoculation which Jenner may be regarded as having initiated. I think I am right in saying that no *shohhet* would kill for Jewish food a calf suffering from cow-pox. If I am not right in this, I ought to be. But what could be more absurd than to prohibit the eating of the flesh of such a calf on account of its disease, and still to take the matter of that disease and insert it directly in the blood of our healthy children? This seems to me to be a clear violation of the spirit of all the three branches of the ancient Judaic law which I have mentioned. As

unclean matter, as morbid matter, as beastly matter, it is alike repugnant to the essence of the old Jewish code to mix it with the life-blood of a Jewish child. That is my opinion, and I am not to be moved from it by any mere dogmatic assertion of ecclesiastical authority. The people of Israel were misled once before by the ecclesiastical authorities in the matter of a calf, while the prophet was seeking inspiration in the Mount.

Brothers and sisters of Israel ! Be reverent, as is your wont, to superior intelligence, width and depth of culture, and loftiness of character. But be not cowed by the mere assertion of authority. Did not our prophet Nathan, in vindication of justice, face the greatest authority in all Judea, make him convict himself out of his own mouth, and say to him : " Thou art the man ! " When the law of this country forbade the election of Jews to Parliament, did Baron Rothschild bow meekly to this law ? No ; he presented himself time after time as a candidate, and got elected. Alderman Salomons went still farther, and, in spite of the law, presented himself in the House of Commons. Later on, Mr. Bradlaugh insisted still more vigorously on his right. There were no more loyal and law-abiding Englishmen than these three men ; but they opposed a passive resistance to an unjust law, and, if the road to the House of Commons is not to-day blocked with religious disabilities, we

owe it to what these men and their supporters did for us.

If, when Lady Mary Wortley Montagu introduced inoculation into this country, in the 18th century, the Jewish authorities had been animated with the spirit which nerved our prophets of old, they would at once have put in a protest, on the part of the Jewish people, against this doctrine of salvation by animal filth. A grand opportunity was thus missed. We might have stemmed the tide of inoculationist and vivisectionist superstition which has since made such inroads in Europe. Even if we were unsuccessful, the day of our triumph would come. The feet of clay of this idol are being washed away by the torrent of evidence which is being poured in upon them. It is visibly tottering; and the early years of the twentieth century will probably see its final fall.

Let us try to hasten that day. If you share my convictions on this subject, petition the Local Government Board, setting forth your conscientious objections to the vaccination law. If any considerable number of you sign such a petition, I do not believe that any British Government would continue to force on you a system to which you had, in respectful and temperate language, expressed yourselves opposed, on grounds which are certain to command respect.

In the meantime, I ask you to agree to the following resolution:—That this meeting hereby

expresses its opinion that the vaccination laws violate important principles of hygiene and justice, and calls for the speedy abolition of all provisions by which the action of those laws is made compulsory.

This resolution was seconded by Mr. Alfred Milnes, M.A., in a most eloquent and pathetic speech, supported by Mr. Rooke, and carried without a single dissentient.—Mr. J. F. Haines moved:—"That this meeting votes its hearty thanks to the Whitechapel Guardians that there have been no prosecutions since the imprisonment of Mr. Henry Levy."—Mr. J. H. Lynn seconded this in a brief speech, and Mr. J. R. Brunning supported it.—On this resolution being put to the meeting, Mr. Defries (Beadle of the Great Synagogue) interposed, and said he desired to make a few remarks. These were cheerfully listened to. He confessed to having learned much that evening. But he was the father of fifteen children. In 1892, they all took small-pox. Some were taken to the hospital ships. All had the disease mildly and recovered; but the message brought back from the hospital ships was that all those who were not vaccinated had the disease in a confluent form, and he thanked God that his children were vaccinated.—Mr. Milnes and Mr. Beurle pointed out the errors in this statement. Mr. Beurle, who was on the Small-pox Committee of the Metropolitan Asylums Board, said he had seen upwards of 4,000 cases of small-pox

in performance of his duties, in all shades of mildness and severity, vaccinated and unvaccinated. Notwithstanding that he had never been vaccinated, he had never taken the disease, in facing the whole of those cases. Nor was there any difference between the two classes of cases, vaccinated and unvaccinated. One man whom he saw and spoke to four hours before his death was covered—a complete mass of black small-pox. He asked him if he was vaccinated. He answered: “Yes; in four places, and have three very good marks.”—Mr. Lynn also mentioned that he went through the hospital ships’ books with the medical superintendent, and they could not discover any difference between the two classes of cases.—Mr. Hunns moved a vote of thanks to the lecturer.—On seconding this, Mr. Collins, of the Whitechapel Board of Works, took occasion to say that the Vaccination Committee had not been discharged, but it had been enlarged into a committee of the whole Board.—The vote was carried by acclamation, and responded to by me in a short speech.—A vote of thanks to the chairman terminated the proceedings of an earnest meeting.

On 2nd January, 1897, the following letter appeared in the *East London Advertiser* and the *East London Observer*:—

THE CHIEF RABBI ON "VACCINATION AND THE
DIVINE LAW."

SIR,—In his reply to Mr. Harris, of the Whitechapel Board of Guardians, Dr. Adler stated that the use of vaccination is "in perfect consonance with the letter and spirit of Judaism." He contented himself with this dogmatic statement and with an aspersion of my "authority." He has now "gone one better" than this. The *Jewish Chronicle* of the 18th December states :—"We are authorized by the Chief Rabbi to state that there is no foundation whatever for the allegation reported to have been made at the Worship Street Police Court on Wednesday last, by a Jew who had been summoned for neglecting to have his child vaccinated, that there existed an objection on religious grounds to the use of vaccination. Since this process has been proved by the most eminent authorities to be a safeguard against small-pox, and inasmuch as an Act of Parliament renders its use obligatory, a Jew who refuses to have his child vaccinated at the proper time is guilty of a grave infraction both of the Divine Law and the law of the land."

The "since" and "inasmuch" of the above are delightful specimens of Rabbinical logic. They imply that everything which is proved, to the satisfaction of Dr. Adler, by the medical authorities which he considers the most eminent, and is made obligatory by Act of Parliament, has the force of Divine Law. What will happen to the Divine Law when the most eminent medical authorities change their minds on this subject and the compulsory law is repealed I do not know, for I am under the impression that it is a principle of Judaism that the Divine Law never changes. I desire, however, to point out that when I wanted to find out what ancient Judaism has to say on this subject I consulted the Pentateuch, while the Chief Rabbi consults the Statute Book and the *British Medical Journal*, and

gives the result as the Divine Law. This method has no particular application to vaccination. A short time ago the same sort of preponderance of medical opinion backed up by an Act of Parliament could have been pleaded for the system embodied in the Contagious Diseases Acts. Were these also divine?

As for Dr. Adler's pretension to decide for another man that there exists no objection to vaccination on religious grounds, this appears to me the height of arrogance. Every man, Jew or not Jew, is the custodian of his own conscience, and the judge of what that conscience permits for him in the religious sphere; and the right of any ecclesiastic to come unsolicited between the individual and his own judgment of religious duty is one which I hope my fellow Israelites will never concede.

I have the honour to be, Sir,

Your obedient servant,

J. H. LEVY.

At a meeting of the Whitechapel Board of Guardians, a letter was read from the Chief Rabbi to the above effect; and the Guardians consequently resolved to issue summonses against several Jewish defaulters, who were thus prosecuted as a result of the Chief Rabbi's interference. Thereupon the editor of the *East London Observer* communicated with Dr. Adler, "asking him to favour the public, by means of an interview, with a fuller statement of his views on the subject of vaccination, and the grounds upon which he based his emphatic declaration that non-compliance with the Vaccination Acts was an infringement of the Divine Law." In reply, the

following letter was received :—

Office of the Chief Rabbi,
22, Finsbury Square, London,
January 4th, 1867.

DEAR SIR,—In reply to your favour of this day's date, I have to express my regret that my arduous duties render it impossible for me to grant your representative an interview. Nor do I think it necessary to add anything to the statement which has appeared in the public Press. That declaration was authoritative, and to that I adhere.

Believe me,

Yours faithfully,

H. ADLER.

Thus ended a polemic of my own part in which I am not at all ashamed. Whether Dr. Adler has equal reason for satisfaction I leave my readers to judge. I think he will not relish very much its being put permanently on the record, and that he will find that the time has gone by when "That declaration was authoritative" will be accepted in the place of evidence. For in the very next year the State at least recognized the "conscientious objector" to vaccination, and his right to exemption; and though I cannot regard this as at all satisfactory, even as a palliative, it was a slap in the face for such gentlemen as Dr. Adler. Since that time, public opinion on the vaccination tyranny has been fast ripening. Perhaps the most notable sign of this is an article of over a column in length which appeared in the *Times* of 31st August, 1906, in which it was shown "that small-pox, which in the past has been rightly regarded

as one of the most virulent and fatal of infectious diseases, has recently assumed an extraordinarily mild type, and that, not only in one but in many towns, it has prevailed and yet has caused scarcely any mortality." It is argued that "it would at present be quite premature to conclude that the change . . . will necessarily be permanent. But it is obvious that, if small-pox should come to be regarded as not much more formidable than, say, chicken-pox, the reluctance of some local authorities to spend money in attempting to enforce vaccination will be intensified. The whole matter is beset with anomalies. Vaccination is compulsory only in name. The Vaccination Act of 1898 . . . abolished compulsion on condition of a statutory declaration of 'conscientious objection'; but in some districts scarcely any persons take the trouble to make a statement of the condition of their consciences to Petty Sessions. Thus, in Mile End Union, where less than a third of the 4,238 children born in 1901 were vaccinated, the number of 'conscientious objections' recorded in the return is only 12."

The *Times* dealt with this in a mildly deprecatory leading article; but it is easy to see that such an exposure would not have appeared in its columns had not the writing on the wall been very legible. The large vested interests in State Vaccination are now the principle obstacle to repeal of the Acts.

A PETITION AGAINST STATE VACCINATION.

To the HONOURABLE THE COMMONS OF THE UNITED
KINGDOM OF GREAT BRITAIN AND IRELAND, in
Parliament assembled.

The Humble Petition of the COMMITTEE OF THE
PERSONAL RIGHTS ASSOCIATION, 32, Charing
Cross, London, S.W.

Respectfully Sheweth,

That the only efficient guarantee of the triumph of truth over error, in medical and in all other subjects, being the free and equal conflict of opinion and evidence, your petitioners deprecate all intervention of the State in favour of or against any medical prescription, and therefore in the matter of vaccination.

That your petitioners hold that such intervention is worse than useless, even if the vaccinationist theory be true; for it prevents that theory from winning in a competition in which opposing theories are not handicapped—the only way in which its truth could be satisfactorily established; while, if it be untrue, the support of it by public authority cannot but be disastrous as well as unjust.

That the establishment and endowment of any doctrine by the State tends towards the maintenance of that doctrine apart from its truth or error. Not only does the prestige of its adoption by the State weigh heavily in its favour, but the forcibly levied resources of the State are used for its defence, and the material interest and professional credit of State-paid functionaries are bound up with its vindication. The official evidence in favour of vaccination is thus discredited *ab initio*.

That your petitioners are convinced that the majority of the electors of the United Kingdom do not favour the enforcement of vaccination ; but, even if they did, your petitioners would hold that they, not having, as a rule, made any study of the question, and merely accepting it—as they have a clear right to do for themselves and their children—on the authority of their medical advisers, are not justified in forcing it on others, many of whom have studied the subject and come to the conscientious conviction that their children's health, and perhaps their life, would be endangered by the adoption of the practice.

That in the analogous case of religion, it is generally acknowledged that a majority has no right to take the children of the minority out of their care, and compel their being brought up in the faith of the majority ; and this, although the majority may be convinced that the children are

running a risk compared with which that of an attack of small-pox is a mere trifle.

That the intervention of the State between parent and child in this matter involves a negation of parental rights, and a grave loosening of parental responsibility. Your petitioners hold that this would, at any time, be a most serious matter, but that it is especially so now, when the wildest theories of the shifting of individual responsibilities, and especially of parental responsibilities, to the State, are being put forward with increasing clamour.

That if the vaccinationist theory be true, those who refuse to act on it will incur very heavy natural penalties ; that these natural penalties are the true sanctions of all correct practical deductions from scientific truths ; that, therefore, no other penalties are required ; and that the resort to fine and imprisonment in matters outside of the proper jurisdiction of the State tends to bring the law into disrespect, and to weaken that feeling of allegiance to it which is one of the main supports of British society.

Wherefore your petitioners pray your Honourable House to proceed to the entire and unconditional repeal of the Vaccination Acts, and to the condemnation of all administrative conduct based on the existence of those Acts.

(Signed) HENRY WILSON, M.A.,
Chairman.

THE PSYCHOLOGY OF PASTEURISM.

I.

"MEDICINE," says a writer whom I shall place under large contribution, "has emerged from sorcery";* which saying is no doubt true of that portion of the medical art which is not still more or less submerged in superstition. In ancient times and among primitive peoples maladies arise, says M. Gaidoz, in the popular belief, from three causes: the presence of an evil spirit in the body; a spell thrown by an enemy; or, lastly, worms. Instead of worms, M. Gaidoz thinks people would have said microbes, if they had known the word; and I am not prepared to dispute it. It is scarcely realized, indeed, how much of our superiority over the ancients consists of a more modern phraseology. It was in worms, at all events, that the people of antiquity recognized the cause of rabies in the dog. But they were not quite agreed as to the locality of these worms. Columella, the poetical agriculturist of Rome, thought they were to be found in the tail. He maintained that if,

* *La Rage et St. Hubert*, by Henri Gaidoz.

forty days after the birth of a dog, the last articulation of the tail, with the accompanying nerve, be bitten off, the tail will not grow and the animal will not become rabid. Pliny, on the other hand, located the worm in the other extremity of the dog's body. He contended that it is in the tongue, and that, when it is removed, the dog never becomes rabid and never loses appetite. This same worm, he adds, carried three times round the fire, is given to individuals bitten by a mad dog, to prevent rabies.¹ In other words, the supposed cause of the disorder in the dog is passed through a mysterious process and is then administered to human beings as a prophylactic against hydrophobia. Here is Pasteurism in the age of Pliny.

Whatever may be the psychological explanation of the fact, this notion of a subtle analogy or correspondence between the cause and the cure of a disease is so widely extended over the surface of the globe that it may, as M. Gaidoz says, probably be regarded as universal.² The application of this idea to the cure of hydrophobia is found under numerous forms. The most usual is that expressed in a French couplet of the sixteenth century :

" Contre morsure de chien de nuit
Le mesme poil très bien y duit."

This is merely a French version of "a hair of the

¹ "Natural History," xxix.

² See his list of authorities in support of this statement, *La Rage et St. Hubert*, p. 9.

dog that bit you," respecting which Mr. E. B. Tylor says: "The maxim . . . was originally neither a metaphor nor a joke, but a matter-of-fact recipe for curing the bite of a dog, one of the many instances of the ancient homœopathic doctrine that what hurts will also cure. It is mentioned in the Scandinavian Edda: 'Dog's hair heals dog's bite.'"³ Mill describes the "*à priori* fallacy or natural prejudice," of which this is a specimen, as "the most deeply-rooted, perhaps, of all we have enumerated: one which not only reigned supreme in the ancient world, but still possesses almost undisputed dominion over many of the most cultivated minds. . . . This is, that the conditions of a phænomenon must, or at least probably will, resemble the phænomenon itself." Mill shows how "experience does afford a certain degree of countenance to the assumption," and concludes that "with so many appearances in its favour," it is no wonder that such "a presumption naturally grew up."⁴ Dr. Paris describes the "Doctrine of Signatures" as "no less than a belief that every natural substance which possesses any medicinal virtue indicates by an obvious and well-marked external character the disease for which it is a remedy, or the object for which it should be employed. This extraordinary monster of the fancy has been principally adopted and

3 "Primitive Culture," vol. i., p. 84.

4 "System of Logic," vol. ii., pp. 336-7.

cherished by Paracelsus, Baptista Porta, and Crollius; although traces of its existence may certainly be discovered in very ancient authors. . . . The conceit, however, did not assume the importance of a theory until the end of the fourteenth century, at which period we find several authors engaged in the support of its truth, and it will not be unamusing to offer a specimen of their sophistry. They affirm that, since man is the lord of the creation, all other creatures are designed for his use, and *therefore* that their beneficial qualities and excellencies must be expressed by such characters as can be seen and understood by every one; and as man discovers his reason by speech, and brutes their sensations by various sounds, motions, and gestures, so the vast variety and diversity of figures, colours, and consistencies, observable in inanimate creatures, is certainly designed for some wise purpose. It *must be*, in order to manifest those peculiar properties and excellencies, which could not be so effectually done in any other way, not even by speech, since no language is universal. Thus the lungs of a fox must be a specific for asthma, because that animal is remarkable for its strong powers of respiration. Turmeric has a brilliant yellow colour, which indicates that it has the power of curing the jaundice; for the same reason, poppies must relieve diseases of the head; *Agaricus* those of the bladder; *Cassia fistula* the affections of the in-

testines, and *Aristolochia* the disorders of the uterus: the polished surface and stony hardness which so eminently characterise the seeds of the *Lithospermum officinale* (common gromwell) were deemed a certain indication of their efficacy in calculous and gravelly disorders; for a similar reason the roots of the *Saxifraga granulata* (white saxifrage) gained reputation in the cure of the same disease; and the *Euphrasia* (eye-bright) acquired fame, as an application in complaints of the eye, because it exhibits a black spot in its corolla resembling the pupil. . . . The blood-stone, . . . from the occasional small specks or points of a blood-red colour exhibited on its green surface, is even at this very day employed in many parts of England and Scotland, to stop a bleeding from the nose; and nettle tea continues a popular remedy for *Urticaria*" (nettle-rash).*

Botanical and other remedies for the ills inflicted by dogs were found in the same way. Pliny said that an oracle had indicated the root of the dog rose (*Rosa Canina*) as the sole remedy for the bite of a mad dog; and the hound's tongue (*Cynoglossum officinale*), so-called on account of the shape of its leaves, has been used in the same way. "Dr. Hagen states that the root, taken from a marshy soil, dried in the shade, and the powder taken in doses of ten grains, three times a day, cures the bite of a mad dog, the wound being at the same

* "Pharmacologia," Ninth Edition, pp. 47-9.

time washed with cold water, and covered with the powder of the root, over which a plaster of melilot is to be kept for ten days. This is a popular remedy in the government of Twer, in Russia, where Dr. Hagen resided for many years."¹ But remedies of this kind were as efficacious against the bark of a dog as against its bite. Dogs, said Pliny, run away from an individual carrying on him a dog's heart; they do not bark if one carries in his shoe, under the great toe, a dog's tongue, or a weasel which has been let go after the operation.

With this quotation we must bid adieu to Pasteurism in ancient times. As will have been seen, this particular phase of the doctrine is by no means confined to antiquity. The worm of Pliny and Columella has crawled through the middle ages into the age in which we live. But we have made some progress. None save scientific pagans now believe in him—at least under his old name. Still, it was necessary for a philosophic physician, Morgagni by name, at the commencement of the eighteenth century, to demonstrate that that which people took for a worm in the dog's tongue was simply a whitish funicle. "Morgagni considered himself also bound to refute the opinion which explained rabies by a worm born in the brain of the dog; and he added, like a physician little disposed towards the microbial theory: *saepe enim*

¹ Hogg's "Vegetable Kingdom," p. 542.

vermes facile creduntur qui non sunt”—often, indeed, worms are unhesitatingly believed in which do not exist.† Perhaps, if Morgagni lived now—in the age of Koch and Pasteur—he might have occasion to repeat these words.

II.

The Pasteurism of the middle ages gathers round the weird figure of St. Hubert. From a summary of the life and miracles of this holy man, by a monk of the Abbey of St. Hubert,* some very interesting particulars may be gathered. Hubert was not born a saint. He “appeared in the world in the year 656” A.D.; but it was not till he had arrived at manhood that he received the call which transformed him from a man of this world into a man of the other. He was the son of Bertrand, Duke of Aquitaine, and descended in a direct line “from the celebrated Pharamond, first King of the French.” He was sent by his father to the Court of Thierry I.; but here he got into a scrape with the mayor of the palace, or, as we should say, the Lord Chamberlain, the result of which was that he withdrew to his relation Pépin d’Héristal. There he married Floribane, daughter of Dagobert, Count of Louvain.

† Works, vol. 1, pp. 449-450.

* *Abrégé de la vie et miracles de SAINT HUBERT patron des Ardennes, par un religieux de l'Abaye dudit Saint-Hubert. A Luxembourg, chez G.-B. Ferry, imprimeur et marchand-libraire, 1734, avec permission des Supérieurs.*

“While Pepin endeavoured to attach his dear Hubert more closely to him, Our Lord, wishing to make of him one of the most brilliant luminaries of his Church, withdrew him from the embarrassments of the century in a very extraordinary manner, appearing to him crucified between the horns of a stag, while he was diverting himself with the chase in the forests of the Ardennes, and addressing to him these words: ‘Hubert! Hubert! How long will you pursue the beasts of the forest and amuse yourself with the vanities of the world.’ To which he responded, like another Apostle: ‘What do you desire that I should do?’—‘Go,’ said the Saviour, ‘to my servant Lambert, at Maestricht: he will tell you what you should do.’”

Hubert went to “the great Saint Lambert,” who counselled him “to withdraw from the amusements and vanities of the world.” At this moment Hubert’s wife, Floribane, most opportunely died in giving birth to a son, Floribert. Hubert, after he had provided for the education of this son, retired to the Abbey of Stavelot, “under the discipline of Saint Remacle.” Years passed; an angel appeared to Hubert and told him to go to Rome; while he was on this pilgrimage St. Lambert was assassinated; and “God revealed his will to Pope Sergius, by an angel, who commanded him to consecrate as bishop his disciple named Hubert, whom he would find in the morning at the foot of the tomb of St. Peter.

In order to dissipate all doubt of the will of God, the angel put on the Pope's pillow the pastoral staff of the martyred bishop. The Pope waking suddenly, and seeing an ivory cross which is still kept at the Monastery of St. Hubert, did not delay to go to the Church of St. Peter, where he found Hubert in prayer."

Hubert said his *nolo episcopari* very energetically; but "in this his humility pleaded his cause in such a manner as to draw the angels from heaven, since, during his discourse, they appeared in the air in the middle of the church with the pontifical habits of Saint Lambert, to convince the assembly of the order of heaven, and to persuade Saint Hubert of it. He, not being able longer to oppose himself to such visible marks, submitted himself tremblingly to this miraculous election, and the Holy Pope set himself to confer the sacred orders with the accustomed ceremonies, when an angel brought from heaven a very beautiful stole, saying to the Holy Bishop: 'Hubert, the Virgin sends you this stole. It will be to you a sign that your prayer has been granted, and a perpetual sign that it will never fail. You will have a perfect knowledge of all that pertains to your ministry.' This said, the angel disappeared. The Prince of the Apostles, St. Peter, wishing also to give a special mark, on the part of the other celestial citizens, that all the blessed rejoiced in the elevation of the new Bishop, . . . brought to him a golden key with which

to celebrate the mass of his consecration, assuring him that God would favour him with a special power against evil spirits and the effects of their irreconcilable hatred against men and other creatures. This is the origin of the marvels which that admirable thaumaturge has continued to work up to the present, not only in preserving so many men and all sorts of animals from rabies, but also in curing them of it."

Hubert returned to his diocese, the seat of which he removed to Liège, and died in the year 727. He was buried at Liège; but his body was removed in 825 to the Abbey of St. Hubert d'Ardenne. The Abbey was suppressed and its valuables sold by the French revolutionists in 1796; but several monks remained at St. Hubert and hid the Sacred Stole. No bodily relics of St. Hubert remain; but to make up for this, his predecessor, St. Lambert, has left three heads, one at Liège, one at Fribourg-en-Brisgau, and one at Berbourg. As M. Gaidoz remarks: "it is a frequent privilege of the saints to leave more relics than are left by the bodies of other men." And this does not merely apply to bodily relics. It applies equally to the Sacred Stole of St. Hubert. The Jesuit Père Roberti calculated, in 1621, that, from the pieces which had been taken from it for eight centuries, it must have been of very extraordinary size.

So far the Legend. But objection has been made

to it, and by a good Catholic too,* that the name of Floribane appears for the first time seven centuries after the date of this marriage; that she is made a daughter of a Count of Louvain two centuries before a Count of Louvain appears in history; that, as the age of St. Hubert receded into the past, the knowledge of the details of his life seems to have become greater and greater; that while the biographer of the ninth century "tells us absolutely nothing of the native land, ancestors, birth, or youth of the saint," the biographer of the eighteenth century has much to tell us on these subjects; that the three miracles which are the great features in the modern life of our saint are not to be found in his primitive biography; that numerous passages in the modern life of St. Hubert are copied *verbatim* from a previously existing edition of the life of St. Arnould, Bishop of Metz; and that the same miracles which had been previously reported of St. Arnould are attributed to St. Hubert. M. Gaidoz says that "the authentic history of St. Hubert is reduced"—by the process above described—"to these simple facts, that he was a disciple of St. Lambert, that he succeeded him as bishop, that he transferred the seat of the bishopric from Maestricht to Liège, and that he died of disease.

* M. Joseph Demartean: see his *St. Hubert, sa légende, son histoire*, Liège, 1877; and *St. Hubert d'après son plus ancien biographe*, Liège, 1882.

The rest is embellishment produced by the legend.” Moreover, the Rev. Père Pierre le Brun, a priest of the Oratory of Paris, proved that chronology is opposed to the voyage of Saint Hubert to Rome, and added: “This shows that the whole of this history has been unconsciously imagined. It is probable that they commenced to inoculate (*tailler*) men bitten by rabid dogs, that is to say to make a small incision in their foreheads and place under the skin and in the flesh a bit of the stole which St. Hubert had in ordinary use, and that, to render this more respectable, they pretended that the Stole had been brought by an angel. But the author of this pious trickery, being a bad chronologist, did not know how to arrange his fiction. One cannot doubt, however, that this usage of inoculation must be very ancient, for the anonymous author who wrote, towards the end of the eleventh century, the verses ‘*les Miracles arrivent à la Translation du corps de saint Hubert faite en 825,*’ speaks of a man and a woman who had been inoculated.”†

The legend of St. Hubert, then, is but a legend ; but, as M. Gaidoz says, “it is the legend which is truly the reality. It is, in fact, the legend which has lived, which has traversed the ages, which has exerted and still exerts an empire accepted by the minds” of some people, who still go to be

† *Histoire Critique des Pratiques Superstitieuses*, 2nd Vol., p. 8 (Paris, 1742).

inoculated at St. Hubert, sometimes after having previously submitted to the Pasteurian process at Paris. At St. Hubert they are inoculated in the forehead with a filament of the Sacred Stole and subjected to a nine days' religious discipline. If, in the sequel, they be not attacked with hydrophobia, that of course proves the efficacy of the Sacred Stole. If the result turn out less fortunate, it is always possible to surmise that the religious observances have not been properly carried out or that the pilgrim lacked faith. St. Hubert cannot be expected to help an unbeliever.

As will have been seen, eminent Catholics, ecclesiastic and lay, have expressed, in no hesitant terms, their conviction that the cult of St. Hubert is a superstitious fraud. But, before dismissing it finally, it may be as well to say a few more words on the attitude towards it of the Roman Catholic Church. In the first place, it has been carried on and defended by eminent ecclesiastics of that Church, and Pope Leo X., in a letter quoted by the Abbé F. Hallet, wrote:—"According to a pious belief, numerous prodigies are effected by the merits and the intercession of St. Hubert, in favour of the faithful who go to implore his help, in confidence in the sanctuary which is consecrated to him and devoting themselves to his service. It is thus that, after a nine days' discipline, and without very long delay, the possessed find here an entire deliverance, the unfortunate people

infected by the venom of rabies or bitten by rabid dogs, obtain their cure."

This looks very much like an unqualified recommendation of the cult; but the Abbé Bertrand, who may be regarded as its champion, says:—"The cures obtained at St. Hubert by means of the Sacred Stole are supernatural cures. We do not make of this an article of faith, but we have very strong reasons to believe it prudently and piously. We do not say they are miracles of the first order; but we recognise them as peculiar favours, signal benefits, supernatural phenomena, in which is manifested a special and marked intervention of Providence." And again:—"We also have the authority of the Church, which has given its approbation to the practice of the *Taille* (inoculation) and the *Neuvaine* (nine days' discipline) of Saint Hubert, not in the sense that the Church has defined it as a dogma and made it a duty for the faithful to have recourse to it. The Church solely approves the piety of those . . . "

This sufficiently defines the policy of the Roman Catholic Church. What we are more concerned with is the disposition this cult has created, over a wide area, to accept inoculation as a cure for hydrophobia, while the more ancient doctrine caused the inoculated matter to be looked for in the rabid dog. The minds of men were thus ground-baited for the reception of modern Pasteurism.

III.

Before proceeding to the examination of the Pasteurism of our day—the Pasteurism of Louis Pasteur—it may be expedient to say a word or two more on the bearing of our scrutiny of ancient and mediæval Pasteurism. We have found (1) that there is a belief, of very old standing, and so widespread that it may be considered a natural prejudice, in the cure of rabies by something to be found in the rabid dog, and (2) that for many centuries the good people of France, Belgium, and the neighbouring parts, have been familiar with a mysterious process of inoculation as a cure or prophylactic of hydrophobia. There is no need that I should argue against the notion that a filament of gold from the stole of St. Hubert, placed under the skin of the forehead, will cure or prevent rabies. A person who would believe that would be impervious to anything I could say against it. But what Mr. E. B. Tylor calls “the ancient homœopathic doctrine” may possibly have in it a kernel of truth, though surrounded and hidden by the dry and innutritious husks of superstition. That this is true of part of the cult of St. Hubert there can be no doubt. It will be remembered that St. Peter gave St. Hubert a golden key; and keys of St. Hubert are issued at the Abbey for the cure of rabies in animals. These keys are not of gold, but of iron; and they are not in the shape of a key, but in that of a cone about

four inches long. They are blessed by special prayers and afterwards touched with the stole of the "great Saint." When an animal is supposed to be infected by a bite of another, the "key" is made red hot and pressed on the wound.

The use of keys of St. Peter, in this way, for the prevention of rabies in man and beast appears to have come down from the middle ages, and to be widely spread, at least over the Latin nations. And the practice does not always attach itself to the idea of these keys. At the commencement of last century a Swiss traveller met, at Constanco, in Tuscany, a woman who came there to obtain treatment for her children, who had been bitten. "She told me," he recounts, "that they kept in that town a nail of the true cross, the touch of which, on the wounds caused by a rabid animal, prevented any result from the bite. I could not refrain from manifesting some doubt of the efficacy of this. She assured me that from time immemorial this remedy was practised in Tuscany. I ventured to tell her that cauterisation was regarded as a still more certain remedy, when she added at once that, before applying the sacred relic to the wounds, they heated it to redness. I had nothing more to reply, and was reassured as to the fate of these children."¹

Now no rational person supposes that the cautery

¹ Lullin de Châteauevieux, "*Lettres écrites d'Italie en 1812 et 13*," p. 127. Quoted by M. Gaidoz.

loses any of its efficacy by being blessed, touched by the Stole of St. Hubert, or called a Key of St. Peter, a Key of St. Hubert, or a nail of the true cross. Indeed, in so far as this tends to calm the fears of the patient, it may aid in his recovery. The application of these truths to the Pasteurism of our day is obvious. In the course of a profuse panegyric on M. Pasteur, the author of "*Vèra*" makes these compromising statements:—"If Pasteur has only succeeded in so far allaying fear, he has already performed a miracle. Rabies is a disease which is essentially localized in the nervous system, it is not a disease of the imagination, any more than it is one which can be self-developed; but the most essential lesion which has been remarked after death is an acute inflammation of the floor of the fourth ventricle, spreading both upwards and downwards into the spinal chord. Fear must have a marked effect, by depraving all functions, in intensifying the danger, and in hastening a fatal termination to the symptoms. Take an example. A young woman having been bitten by a mad dog, was admitted to the Hôtel-Dieu, and treated there, as treatment was understood in the pre-Pasteur period. She did well, was discharged from hospital in good health, and continued so for some months. One day the young surgeon who had dressed her wounds chanced to meet her in the street. '*Tiens!*' he cried, 'so you are still alive? That dog, however, was just as

mad as he could be.' The woman turned pale at the brutal speech, sickened almost immediately, applied for admittance at the Clinique of Dr. Bucquoy, and died there in the greatest sufferings in mind and body. So true is the Italian legend of the Cholera hag. The recording angel once reproached her with having taken 5,000 people out of a doomed city whence she had promised not to carry off more than fifty. 'I only took the fifty who belonged to me,' retorted the hag; '*fear took all the rest.*' "2

That, as the author of "Vèra" claims, M. Pasteur has had much success "in ministering to the minds of his patients," I can readily believe. So has St. Hubert; so have most of the successful quacks and impostors who have preyed on the ignorance and credulity of mankind. But M. Pasteur has at least enormously increased the terror which he is said to be so successful in allaying. One of the most philanthropic of English physicians, Dr. Charles Bell Taylor, of Nottingham, in an excellent address delivered at a meeting of the Nottingham Medico-Chirurgical Society, said: "Formerly, sir, a mad dog was as rare as a black swan. It is an old saying that we never have more than one in England at a time, and we have been for years together without any at all. Mr. Pavitt, for instance, the Superintendent of the

Dogs' Home during seventeen years, never saw a case. Now, under the influence of M. Pasteur's so-called wonderful discovery, and the newspaper boom consequent thereon, rabies has become almost as common as measles: every village seems to have a specimen or two, and each dog-owner looks askance at his own poodle, expecting him to go mad to-morrow. Sixty thousand dogs have recently been slaughtered in a very brief space in London alone; for months, not quite two a day, but nearly two a day, have been beaten to death in the streets. . . . Meanwhile, in the midst of all this carnage, the Hydrophobia Commission has been at a dead standstill for months together. And why? Simply because they could not find a genuine mad dog to experiment on!"

In his able work, on "*M. Pasteur et la Rage*," Dr. Lutaud, the Editor of the *Journal de Médecine de Paris*, asks why the number of cases of hydrophobia in France increased more than a hundred-fold in fifteen months. He says that the best-established statistics show that, before the invention of the anti-rabic treatment, there were in France annually from 12 to 30 victims of hydrophobia. After the circular addressed to the *Figaro* and the whole of the political press, the number of cases of hydrophobia *cured* rose to 3,000! Who can doubt how these figures should be interpreted?

Let the following facts be kept in mind, and M. Pasteur's miracles will cease to cause wonder. (1)

Of persons bitten by genuinely rabid dogs few develop hydrophobia. Some persons, according to Professor Ray Lankester, are "refractory" to the virus. But, even with regard to those who have not this constitutional immunity from the disease, "the risk from the bite of a rabid animal is," says Dr. Bell-Taylor, "much less than one would *à priori* suppose; indeed, if there is a poison, how is it to get into the wound? and how does it get into the system? The dog has no apparatus for injecting; the virus has, any way, but small chance of penetrating; and if the wound is washed, cupped, or cauterised, or treated with various reagents, the risk is reduced to a minimum." (2) Of persons said to be bitten by mad dogs—especially since the commencement of the Pasteur craze—very few have so been bitten. "Personally," says Dr. Stockwell, "after more than thirty years' experience as a physician, dog-owner, and student of comparative medicine, I have yet to meet with an absolute case of rabies in the dog; and of some scores of so-called hydrophobic animals presented for my inspection, one and all were found to have suffered from other and comparatively innocuous maladies." (3) Dr. Lutaud shows that some of M. Pasteur's patients had not been bitten at all. (4) Of those of M. Pasteur's patients who had been bitten, a very large number had been cauterized before applying to him.

But M. Pasteur's prophylactic is not simply a delusion; it is a snare. The inoculation does not introduce into the human body a simply neutral substance, like a filament of gold from St. Hubert's stole. M. Pasteur takes virulent matter from a rabid dog. He cuts a hole in the skull of a rabbit, and introduces this poisonous substance into its brain. The animal becomes cast down, loses appetite, and drags his hind legs painfully along the ground. The paralysis then becomes general over the whole body, and the animal dies on the seventh day, without convulsions, and without manifesting any other symptom of rabies. With some matter from the spinal marrow of this rabbit another is treated in the same way; and this process is continued till M. Pasteur has a series of fourteen rabid rabbits, with whose spinal marrow, dissolved in broth, he inoculates his patients in the abdomen.

Now what is the effect of these inoculations? Dr. Bell-Taylor says that "in the great majority of cases" they "have no more effect (as Dr. Billings, who took the Newark children to him, remarked) than so much rain water. And it is very fortunate when it is so; for in those cases *where definite results have followed, death has been the consequence.*" Dr. Lutaud says the same thing. One of his chapters is headed: "M. Pasteur does not cure rabies; he gives it." The whole contention of this most powerful chapter is to show

that, so far from curing rabies, M. Pasteur has created a new variety of the disease, which Dr. Lutaud calls "experimental rabies"—"rabies of the laboratory."

I have called this essay the Psychology of Pasteurism because I have dealt in it, not so much with the Logic of Pasteurism—which I want to see put forward by those who uphold it—as with the genesis of the belief. I have endeavoured to show that Pasteurism, in its widest sense, is one of those spontaneous misjudgments which flesh is heir to—like the belief in witches and in the flatness of the earth. Just as Jenner turned the medical folk-lore of the Gloucestershire milkmaids into "science" by calling cowpox *variola vaccinae*, so, I contend, has Pasteur utilized a fallacious disposition of the human mind which manifested itself in early Hellas and has survived in various forms since that time, to create a vast panic and establish a cruel and delusive remedy for one of the rarest of human diseases.

COMPULSORY "ISOLATION."

IN September, 1882, I was deputed by the Committee of the Personal Rights Association to attend the Annual Congress of the Social Science Association—a Congress at which science, social or other, was conspicuous by its absence. The President of the year was Mr. George Woodyatt Hastings, M.P., who embodied in himself the spirit which ruled in the Association. At a Working Men's Meeting, held at this Congress, he said:—"People would come to them and tell them that the measures which were taken for the sanitary improvement of the people—that was for the well being and happiness of the people—were an interference with the liberty of the subject. He hoped his hearers would never listen to such a delusive doctrine. The liberty of the subject in its true sense meant that every man had a right to enjoy and possess that which he lawfully owned and could lawfully earn for himself. It did not mean that he could have that which would injure his neighbour. The liberty which was preached in the manner referred to was the liberty to spread

disease and death among the population of this country, and it was a liberty of which they would all be glad to be quit."

This was the doctrine which, in various phases, was put forward by this now happily defunct "Social Science Association." Its champions had not the courage to make open attack on liberty. They endeavoured, as on this occasion, to put forward a delusive definition which was really a covert denial of all freedom for sick persons, or perhaps I should say for *poor* sick persons. These were to be captured and carted off to a prison-hospital, where they would be subjected to a poison-laden atmosphere and to any treatment which the officials of the institution chose to adopt with regard to them.

Moreover, who that knows anything of the frequent errors of diagnosis by medical men can feel even moderately certain that the invalid thus brutally imprisoned had the notified disease? Let me take a single instance out of many, to show the sort of thing which happens under this legislation. On 11th January, 1905, at Lewisham, Mr. H. R. Oswald, the South-East London Coroner, held an inquest with reference to the death of George Gerald Lefevre Lamb, aged 44.

The Coroner said that Mr. Lamb was sent to the Metropolitan Asylums Board receiving station at Rotherhithe, it being thought, by three local medical men, that he was suffering from small-pox.

He was seen by the superintendent, who decided that the case was not one of small-pox, and sent him home. He died on Monday, the 9th, and three medical men would say that small-pox was the cause of death. The question arose whether the fact of Mr. Lamb being sent home again had accelerated death.

Mr. Edward Lamb, a brother of the deceased, said he believed the deceased had been recently vaccinated, as he had served in South Africa with Paget's Corps.

Dr. W. W. Jacobs, of Lee, said he first saw Mr. Lamb on January 3rd, when he was suffering from what witness thought was influenza, and he seemed to get better. Last Friday he was able to get up; but witness noticed he had a suspicious rash, which he thought was small-pox. He called in Dr. Wellesley Harris, Medical Officer of Health for Lewisham, and another doctor, who were of the same opinion. Witness certified the patient to be suffering from small-pox, and sent him to the receiving station, Rotherhithe. On going to vaccinate Mrs. Lamb in the evening, he found her husband had returned. Mr. Lamb stated that he had been vaccinated and sent home. He, Dr. Jacobs, did not think the removal of the deceased had anything to do with death.

Mr. Edward Lamb said he was informed that when deceased returned from the hospital he was put into a cold room, as the other room was being

fumigated. He understood that his brother developed pneumonia. Had not this anything to do with it?

Witness replied that he did not think it had.

Dr. Thomas Frank Ricketts, Superintendent of the Small-pox Hospital at Dartford, and of the receiving station at Rotherhithe, said he came to the conclusion that Mr. Lamb was not suffering from small-pox, and consequently ordered his removal home. Witness thought he was suffering from a kind of skin disease which was frequently taken for small-pox. Having examined the body after death, and having heard Dr. Jacobs' evidence, he was of opinion that the deceased had died from "black small-pox," which was the severest kind of that disease. He had been twelve years connected with the treatment of this special disease, but of course he was not infallible. He admitted he had made a mistake. He tried to do his best, but unfortunately accidents did happen.

A juryman pointed out that three local medical men had certified the deceased to be suffering from small-pox.

Witness said he did not know that Mr. Lamb had been so certified when he saw him at Rotherhithe.

A juror thought the doctors seemed to be screening one another when they said that his removal from Rotherhithe to Lewisham had nothing to do with death.

The Coroner said that the juror was not entitled to make such a remark.

Mr. Edward Lamb (to Dr. Ricketts): It comes to this, Dr. Ricketts, you don't know a case of black smallpox when you see it.

The Foreman (to the doctor): You have made an error of judgment, doctor.

Witness: Yes; and it is the first time after twelve years.

Dr. Wellesley Harris, Medical Officer of Health for Lewisham, remarked that, in fairness to Dr. Ricketts, he must say that *smallpox was very difficult to detect. It would baffle any doctor to tell the disease.*

The jury returned a verdict in accordance with the medical evidence, as they usually do, thus leaving it to medical men to be their own judges. But the point is, not their fallibility or peccability, but the connection of this with the system of enforced "isolation" which they have to administer.

The uncertainty of medical diagnosis must strike everybody who knows anything about it. And if there is this uncertainty about the disease, there is equal uncertainty about the hospital. From the report of the Secretary of the Local Government Board of February, 1882, appears the "gratifying fact that *where any reasonable accommodation has been provided*, there has been increasing disposition on the part of the neighbouring population to make use of it, and even to

allow their little ones to be put under the care of strangers in the hospital." What is this but a naive confession that compulsion is unnecessary—even to get the sick person within the walls of the hospital—except when "reasonable accommodation" has *not* been provided? Freedom is our only guarantee, not only for the provision of "reasonable accommodation," but for the proper treatment of the patient.

Compulsory removal, as I have said, implies compulsory detention. The hospital becomes a prison—a prison in which persons are confined without having been tried by any legal tribunal, without having committed any legal offence, on the *lettre de cachet* of a medical man. And "compulsory detention,"—the modern euphemism for imprisonment—implies compulsory treatment. The patient cannot leave. His friends cannot remove him. He is there, helpless, friendless, in the hands of those who openly profess to use the inmates of our hospitals as *corpora vilia**—vile bodies on which experiments may be tried without regard to their rights or their interests. The patient may be a woman, your wife or sister, reader, or—what ought to be the same thing to you from a moral point of view—some other man's wife or sister. She may have been removed—dragged through the streets in the common ambulance, because she has, or is supposed to have,

* See page 33.

puerperal fever—dragged to a prison pesthouse, there to undergo, it may be, before death relieves her, all the horrors which modern gynæcologists can inflict. She has ceased to be a woman, a human being; she has become "clinical material;" and none of the rights and liberties, for whose legal recognition and maintenance former generations of Englishmen have laboured and suffered, exist for her. And this martyr to the modern scare of infection is suffering, and perhaps dying, in order to save others, as they think. Go, supporter of this system, sing your Rule Britannia; but I would rather be that poor victim of your ignorant terror, than you, strutting about with "science" on your lips and brutal panic in your heart.

Now let us suppose for a moment, for the sake of argument, that some hygienic gain is to be made in this way. Is this conclusive in its favour? Are the rights of the sick person to go for nothing? Are medical men to be empowered by law not only to make us ill, but to treat us when we have become so, as devoid of all claim to liberty? Are they to be allowed to tear wife from husband and child from mother? Are the natural feelings which prompt even some of the most depraved to risk much in order to be near and to guard and succour their loved ones at the time of their greatest need—are these feelings of so little account for human happiness that we can afford

to discredit and crush them? The plea of hygienic gain is not one whit more respectable than the plea of economic gain used to justify the killing of babies and the aged by less polished savages than ourselves.

But what is the hygienic gain? It is as unreal or as unproven as in the cases of Vivisection, Vaccination, and the Contagious Diseases Acts. In the *Spectator* of 23rd September, 1905, Dr. Thomas Whiteside Hime, of Bradford, wrote:—"Every case of infectious disease occurring in the country has for many years (in some towns for thirty years) been notified to the medical officer of health. Hence we can calculate the number occurring in every thousand living. Taking the great towns of England and Scotland, it will be found, far from 'stamping out' infectious diseases, they have become more prevalent. But the death rate due to them is lower in consequence of the diseases having become milder. . . . After twenty-five years of notification, isolation hospitals, disinfection, and other 'preventive measures,' scarlet fever, enteric, and diphtheria are more prevalent in most of our great towns than ever. In fact, diphtheria has only become a serious disease of large towns in quite recent years, and in spite of all precautions. Isolation hospitals have proved quite ineffective in checking these diseases; and the leading medical officers of health have agreed that the Government should inquire into this

matter, as there is some ground for thinking such hospitals may even be a source of danger."

For some reason which I am unable to explain, the medical men of Nottingham have been singularly public spirited in this matter. One of them, Mr. E. Dean Marriott, writes:—"Antecedent to the passing of the 'gas bill,' the Corporation had been approached by a large body of leading medical men who pointed out that 'as sure as night follows day, compulsory notification would lead to compulsory isolation.' The members of the Health Committee of the day were shocked at the idea, and hands were held up in pious horror. Never! never!! would an Englishman consent to this—and so on and so forth. But what an Englishman *will* consent to in these degenerate days is the marvel of the age. The Danes say if you kick a German and offer him twopence he will say, 'Thank you—you may do it again for a penny'; but recent legislation goes to prove that you may kick an Englishman till you are tired, and he will pay you back for your pains in good English gold. . . .

"The economist—if any such survive, which is problematical—might well here pause to count the cost in money and in misery to the hard-pressed ratepayers of this city of the stamping-out process. It is in the power of the ratepayers to find out the former, but God alone knows of the misery. You can get a little idea of it if you will

walk into the wards of any isolation hospital and hear little voices crying, night and day, for 'mother.' But this is sentiment, and modern sanitary science, which is only interested in making charts and tabulating figures, cannot be troubled with humanitarian considerations, much less by sentiment, so let us pass on to a consideration of the method by the help of which the millenium was to be ushered in."

Mr. Marriott says that "at the period with which we are dealing, the evils attendant upon the aggregation of sick persons in large hospitals were so far recognized that, for a great number of years, medical men had been ransacking their brains to discover some safer, if less convenient, way of housing the sick, and so preventing the recurrence of that frightful state of things which, in every large hospital in Europe, had led, from time to time, to the decimation of the patients in those institutions. I myself have seen wards on the surgical side of a large hospital swept by hospital gangrene, while on the medical side, other aggregation diseases were doing their little best to accomplish a similar result."

Here we have the failure of force methods writ large. The zymotic diseases may be very mild—so mild as not to be perilous—or malignant almost to the point of fatality; and, with that blind brutality which has characterized our State

medicine for a generation, we have manufactured the only dangerous forms of these diseases by the very process which was to have stamped them out. This, I contend, is the natural result of that contempt of personal rights which has become quite fashionable in our days. "Surely, surely," says Mr. Dean Marriott, "we had a right to expect that those health officials who are supposed to watch over the interests of large communities, would speak out at this juncture. There was, however, a strange conspiracy of silence up and down the country with regard to these serious matters."—No! we have no right to expect salvation to come from officials. On the contrary, all experience teaches that a bureaucracy cannot be depended upon to see and declare its own sins and act against its own narrow interests.

I commenced by referring to the epoch-making Social Science Congress at Nottingham in 1882. I will conclude by quoting, without a word of comment, the following passage from a paper read by Dr. H. D. Littlejohn (afterwards Sir Henry Littlejohn) at that Congress, which passage will be found at page 463 of the published "Transactions" of that year:—"In my introductory sentence *I claimed for the system of notification a very high position among the leading sanitary questions of the day. I know of none which will confer greater benefit on the profession, and especially on that department of it to which I have the honour to belong.*"* If it

becomes general throughout the country it must lead to :—

" 1st. The dissociation of sanitary duties from ordinary professional engagements. The clause in question cannot, in my opinion, be satisfactorily worked if the medical officer of health is engaged in general practice, and I think the profession have a right to demand that the health officer be confined to strictly sanitary duties, if he is to be made the recipient and custodier (*sic*) of important professional information.

" 2nd. *This must certainly lead to an increase in the remuneration of these officers,** so as to obtain the services of thoroughly educated men, who will devote themselves to sanitary science."

* Italics mine.—J.H.L.

THE LUNACY LAWS.

THE provisions of the Acts which constitute the law of lunacy at the present time seem to be based on the assumption that, directly a British subject is alleged to be mad, all those safeguards for his personal freedom which have been slowly and laboriously built up, in this country, by the experience and sacrifices of many centuries, may forthwith be set aside. The effect of such an assumption, in so far as it is embodied in law, is to render nugatory those constitutional safeguards of personal rights ; for the chain of constitutional freedom can be no stronger than its weakest link. If a British subject, on a certain allegation being made with regard to the state of his health, may, without the matter having been submitted to the lawful judgment of a jury of his peers, be forcibly deprived of his liberty, and may be incarcerated, perhaps for life, under circumstances only too likely to cause the very disease which is supposed to necessitate this deprivation of freedom—it is needless to say that, for him, the safeguard of trial by jury has no practical existence.

In no case ought anyone to be confined in a lunatic asylum save on the verdict of a jury. When a person is alleged to be a lunatic and either unable to take ordinary care of himself or dangerous to others, the evidence might be brought before a magistrate (as a Court of first instance) and he might be empowered (1) to detain the alleged lunatic temporarily (but not in a lunatic asylum) in the event of this being shown to be necessary for the safety of other persons or of the alleged lunatic himself, (2) to send the case for trial before a jury, when the evidence seemed to justify this course, and (3) to dismiss the case when no sufficient *prima facie* evidence of dangerous or helpless lunacy had been made out; but the power of the magistrate should not extend beyond this. The ultimate decision of all cases in which what may be called a "true bill" had been found should rest with a jury.

When a man is accused of murder, it may happen that he would be entitled to acquittal on the ground of insanity; but coroners and magistrates, who are called to consider whether there is a *prima facie* case against him, are not competent to entertain this question. They send him for a trial before a jury; and *it is only when a jury is convinced of his insanity that he is sent to a lunatic asylum*. A similar proceeding should be adopted in all cases of alleged insanity, however "urgent." Why should an alleged lunatic be treated with

less consideration than an alleged murderer? And why should any case be deemed "urgent" except when the alleged lunatic either has committed, or has given good reason to apprehend that he will commit, some act of violence or other serious crime?

No Urgency Orders are at all necessary. The ordinary law provides a sufficient remedy in all cases in which an alleged lunatic commits any overt act of aggression against any other person, or himself, or is in a helpless condition; and such a law as that delineated above would enable a magistrate to send the case for adjudication before a proper tribunal. The strongest testimony was given before the Select Committee of 1877 that a few hours' incarceration among lunatics would almost certainly upset the mental balance of a person who, though sane, was somewhat weak-minded or timid. Before a petition could be considered under the present law, the Urgency Order would have furnished the means whereby the person subjected to it might be made insane, or to appear so.

All such trials—as in other matters affecting the liberty of the citizen—should be conducted in the full light of publicity, whatever may be the wishes of the parties to the suit. The fact that our legal tribunals are open to the public and their representatives in the press is an indispensable safeguard of equity in the administration of the

law. But the Lunacy Act of 1890 seems to have been framed on the foregone conclusion that all persons respecting whom the allegation of lunacy is made are actual lunatics, and that therefore it is kindness to them and their relatives to spread over the proceedings the veil of privacy. Subsection (3) of Section 6 of the Act provides that "the petition shall be considered in private, and no one except the petitioner, the alleged lunatic (unless the judicial authority shall in his discretion otherwise order), any one person appointed by the alleged lunatic for that purpose, and the persons signing the medical certificates accompanying the petition shall, without the leave of the judicial authority, be present at the consideration thereof;" and Subsection (5) of the same Section enacts that those who are present, except the alleged lunatic and the person appointed by the alleged lunatic as aforesaid, "shall be bound to keep secret all matters and documents which may come to his or their knowledge by reason thereof, except when required to divulge the same by lawful authority."

Provisions more calculated than these to hush up maladministrations of the law, and to afford facilities for the grossest abuses alleged against our lunacy system, it would be difficult to conceive. The most heinous of criminals may claim to be brought before a fairly constituted jury, to have the evidence against him sifted by the

highest legal functionaries, to be tried in open Court, and to be regarded as innocent until he has been proved to be guilty. But the unfortunate person who is accused of being a lunatic has to face a most indefinite charge, which may bring to him the most terrible consequences, without any of these guarantees of a fair trial. In the debate on Lord Milltown's resolution in the House of Lords on 5th May, 1884, Lord Salisbury said that "all who had listened would agree that the securities for the liberty of the subject under the Lunacy Laws were very much less than were granted in any other part of the Law of England." After enumerating the many unlawful motives that might operate in causing the wrongful incarceration of the sane in lunatic asylums, he said: "As far as the initial stages of confining a lunatic were concerned, it seemed to him that the Law of England was absolutely no security for the liberty of the subject." Lord Salisbury then paid great compliments to the Lunacy Commissioners, in whose measures lay the whole security, and added that "he thought the older guardians of English liberty would have been startled if they had been told that the liberty of any free man was entirely abandoned to the vigilance of a Department without any other security whatever. . . . The defect in the administration of these laws was the utter absence of publicity. If the doctors and the men who signed the certificates had to go

before magistrates, and in open Court to prove their case; or if the inspection of the Commissioners was such a public inspection that all who were concerned, or who might sympathize with the patient, could be witnesses to what was done, there would undoubtedly be adequate security for that liberty which now rested on the high administrative and moral qualities of "the Lunacy Commissioners; but "no one would say that the state of the law was satisfactory where that was the sole defence for its present state, and the motives for abusing the law were sometimes so strong."^{*} Unfortunately, the expression of these excellent sentiments did not prevent Lord Salisbury from being chiefly responsible for the reactionary statute of 1890, which made the law still worse than it was when he made this speech.

The peril of secrecy is made very much greater by reason of the vagueness of the allegation of madness. What is madness? The most eminent authorities do not agree in its definition or in the symptoms by which it may be known. That there are no such symptoms which ordinary persons can be trusted to distinguish seems to be tacitly admitted by the requirement of the certificate of medical experts; and the deprivation of liberty on these arbitrary dicta of experts is a virtual suspension of our ordinary principles of law and

^{*} *Hansard*, Vol. 287, pp. 1,289-90.

the abdication of our tribunals. No person should be detained as a lunatic who has not been guilty, or given reasonable apprehension that he would be guilty, of some act or neglect, which, were he sane, would be regarded as a legal offence. It is utterly unjustifiable to treat mere eccentricities of conduct, however wide they may be from ordinary custom, as proofs of such mental insanity as justifies committal to a lunatic asylum. If the principle were kept in mind that, just as a man cannot be adjudicated bankrupt except upon some so-called "act of bankruptcy," so no person ought to be judged a lunatic except on some "act of lunacy," many of the perils surrounding the Lunacy Laws would be avoided. Above all, we should be less dependent on the mere dicta of medical specialists. Medical men, instead of signing *lettres de cachet*, should as in other cases, be produced as witnesses, with the liability to be subjected to cross-examination, and to have their evidence met by that of other professional witnesses. Let no one think that this is a merely technical or academic question. In the Report of the Select Committee of the House of Commons appointed in 1877, it was shown, by the evidence of Dr. Lockhart Robertson, one of the Lord Chancellor's visitors to Chancery patients, and of Dr. Mortimer Granville, the Commissioner appointed by the *Lancet* to visit all public asylums in the home counties, that, at that time, ONE-THIRD

of those they saw in asylums ought to be out of them.* On 1st January, 1905, 119,829 persons were detained as insane, in Private, Pauper, and Criminal Asylums. This was 2,630 in excess of the number recorded on the same day in 1904. The average annual increase for the ten years' ended 31st December, 1904, was 2,575,

As regards the custody of persons found to be lunatics and incapable of taking charge of themselves, this should not be intrusted to private persons who make it a profession. What would be thought of the proposal to hand over the custody of criminals to private persons as a matter of personal profit? The notion would be scouted. Still the temptation to abuse of power and the difficulty of checking such abuse would be less than in the case of lunatics. When a person is deprived of his liberty by his fellow-citizens, the latter may rightly be held to their responsibility for his safe custody and proper treatment. By far the best solution of this matter would be that all lunatic asylums should be in the hands of the County Councils, and that the amplest provision should be made for their supervision and for the release of their inmates when cured, and that all private lunatic asylums whatsoever should be abolished.

* Questions 892, 8890, 8904, and 8905.

THE CONTAGIOUS DISEASES ACTS.

I.

THESE Acts existed for two decades ; and it is two decades since their repeal. They form a repulsive subject for general treatment. Why do I not pass them by ? If the system of which these laws were an embodiment had ceased to exist in other lands, if there were no danger of its resuscitation in some new form in India or elsewhere in the British Empire, and if the lessons to be derived from its history were not most important in their bearing on other medico-political issues, I would gladly let the subject drop. But not one of these suppositions is true. Though some progress has been made, State-regulated prostitution is still rife on the Continent. If we may judge from the resolutions put forward in "sanitary" congresses, with the object of obtaining an official inquiry which would be, and is intended to be, a mere preliminary to official action, the British faculty, as a body, is un-

repentant on this question. Mere repudiation of the old form of Regulation is worthless as a guarantee for the future. Medical tyranny is a Proteus which must be fought in all its shapes, if we are not content to exchange one form of subjection to it for another. The victory of 1886 stands alone. In other parts of the field the medical hierarchy has been triumphant. It is as much a danger now as was the clerical hierarchy in the middle ages ; and those who love freedom and justice must be prepared to do their duty, without flinching, in face of this new peril.

What were the Contagious Diseases Acts ? They were laws which were applied to military and naval stations in the United Kingdom, and, by extension, to its dependencies. Under these Acts. any woman in the districts in question could be brought before a magistrate, and, if he were satisfied of the truth of the charge—a charge to which no man was or is subject—she would be forced to submit to a periodical mechanical violation of her person in order that she might be certified as fit for use as a prostitute. Police spies were employed in order to see what women they could pounce upon. A girl might be guilty of some sexual indiscretion, without the remotest intention of becoming a prostitute ; but she was seized, handed over to the surgical inquisitor, and a brand of harlotry was put upon her which she would find it almost impossible to remove in

after life. She was practically conscripted, *nolens volens*, to the ranks of prostitution.

At Aldershot, a woman who was living with an officer without legal marriage was swooped down upon in this fashion, and killed herself rather than submit to recurrent outrage and public degradation. Consider the class of men who would be employed on this work, and the power it put in their hands, and it will be seen that blackmail of the most horrid description, both pecuniary and personal, would be its natural fruit. One of the noble minority of medical men who have, from the first, set their faces against this system—Dr. Charles Bell Taylor—tells that, shortly after his matriculation as a student at the *Ecole de Médecine* in Paris, he overheard a burly Frenchman say to a pretty, delicate-looking girl, who was evidently trying to avoid him: *Je te ferai mettre en carte*. "I afterwards learnt," he says, "that this meant that, if she did not accede to his wishes, he would denounce her to the police and have her registered as a prostitute. I was assured that nothing was simpler than this—an anonymous letter would perhaps suffice. I saw at once what an awful power this placed in the hands of wretches who might be actuated by the basest motives or the fiercest passions."

How this system worked in the dependencies of the United Kingdom the following may suffice to describe. In November, 1877, Sir John Pope

Hennessey, Governor of Hong Kong—who should always be remembered with respect and gratitude—sent to Lord Carnarvon the local papers containing a full report of the inquest on two Chinese women who were killed by falling from the roof of a house, to which they had fled in attempting to escape from the police, who had broken into the house on the allegation that it was an “unlicensed” brothel. The Government licensed all brothels in Hong Kong, whether for Europeans or Chinese, and got a considerable revenue from its share in the profits of prostitution; and it regarded unlicensed prostitution as a species of smuggling. Moreover, it employed men to go about with marked money to “induce Chinese women to prostitute themselves, and thus bring them under the penal clauses of the Contagious Diseases Ordinance.”* It hired for this purpose “Europeans, soldiers, sailors, English members of the spy-police, employés of the Naval Yard, inferior employés of the Registrar General’s Department, and the lowest class of Chinamen.” Said Inspector Lee: “We were told to engage men even at five dollars each;” and their “expenses”—wine, suppers, &c.—were also paid for out of the Secret Service fund. One of these informers was employed in this way “when he was actually diseased”; and some of the women

* House of Commons Paper No. 118, 1880.

and girls arrested as prostitutes, and compelled to undergo the infamous ordeal of examination, were found to be virgins.

How edifying all this must have been to the "Heathen Chinees"! How convinced he must have been of the superiority of Western Civilization and Religion! But what must strike anybody who becomes adequately acquainted with this system, both abroad and at home, is the readiness with which the members of what is regarded as an honourable profession made themselves both the instruments and the champions of its maintenance. On 22nd September, 1869, the *Medical Times and Gazette* said:—"There is nothing which would tend more to deprive medicine of the rank of a respectable calling, than the fact that practitioners should be found willing to lend themselves to the dirty work of examining prostitutes in order to enable them to carry on their trade. If the heads of the profession or the colleges ever desire an opportunity of protecting their members from degradation, here is one." The profession not only did this "dirty work," but, as shown above, it did far worse. It made itself the zealous tool of a system of medical procuration which was a danger and a degradation to all women, and a source of demoralization to both women and men.

Let it not be thought, however, that the objection to the Contagious Diseases Acts is based solely on their peril for women outside the ranks

of prostitution and the evil effects of those Acts on society at large. Even if their operation could be confined to women of confessedly loose character, those for whom I speak would still protest most earnestly against them. We deny the right of society to subject any woman, however degraded, to the vile outrage which is the central and essential expedient of the Acts; and we are willing to take our stand with the most disreputable woman of the streets in resistance to this outrage. In her person, stretched by force on the table of the examining surgeon, are all women crucified and all men dishonoured. Her control over her own person, base soever as she may be, is morally inviolable. No criminality on her part could justify such an assault on one of the most sacred of her personal rights. These rights are not dependent on moral character. "My Lords," said Lord Chatham on a memorable occasion, "the character of Mr. Wilkes has been very improperly introduced into this discussion. For my part, I consider him merely and indifferently as an English subject, possessed of certain rights which the laws have given him. In his person, though he were the worst of men, I contend for the safety and security of the best; and God forbid, my lords, that there should ever be a power in this country of measuring the civil rights of the subject by his moral character, or by any other rule than the fixed law

of the land. Let us be cautious how we invade the liberties of our fellow subjects, however mean, however remote ; for be assured, my lords, that in whatever part of the empire you suffer slavery to be established, you will find it a disease which spreads by contact, and soon reaches from the extremities to the heart."

II.

The fundamental objection to the Contagious Diseases Acts, and all like expedients, is a moral one. But it may also be shown that they utterly failed in their immediate object. One of the most valuable pieces of evidence for this purpose is the *Memorandum by the Army Sanitary Commission on the Statistics of Venereal Disease among British and Native Troops in India, for the year 1892*.^{*} Not only is it confessed, in this important document, that the system embodied in the Acts proved a failure, even from the mere hygienic point of view, and without reference to those larger considerations of right to which I have drawn attention above ; but it is also admitted that the causes of this failure were those to which the opponents of the system over and over again pointed as fatal to it, and that the way of salvation lies in that free and humane procedure which they persistently advocated. We do not

^{*} See the Return on the *East India Cantonment Acts*, Paper No. 318, 1895.

mean that the Army Sanitary Commissioners come clad in a white sheet to do penance for the egregious and persistently-held errors of the official medical champions of the Acts. On the contrary, they write as if they were correcting mistakes made by the lay multitude. To take a crucial instance, if there is one point which is absolutely essential to the State-Regulation system, it is the trustworthiness of the compulsory examination of women for the object for which it is performed. It is quite evident that, if that examination cannot be relied on for the discovery of the disease, the whole system falls. Now what say the Army Sanitary Commissioners? They confess that, "after years of unsuccessful result, it was still hoped that, with increased care and greater stringency, the desired end might yet be attained. But there can be no question that the outcome was a failure." This is emphatic enough; and be it noted that an endeavour was made, in the later years, to retrieve failure, while Repeal was being resisted on the ground that the system was a success.

What were the causes of this failure? "For this unexpected issue"—unexpected by whom?—"three causes seem to be mainly responsible. First, there was the difficulty of being able to tell when a woman of the prostitute class is incapable of causing disease. The opinion so commonly held that this can be easily determined on

examination is one of those popular errors which need correction." Popular errors! Why, this was the very basis of the whole official defence of the Acts! It is true that some medical men challenged it; but who were they? They were that glorious minority of the profession who declined to bow the knee to the Baal of State-regulated prostitution—who pointed out its iniquities, its fallacies, its inevitable failure, even for the mean and wicked object which it essayed to attain.

In his evidence before the Select Committee of the House of Commons on 2nd March, 1881, Dr. C. H. F. Routh, M.D. Lond., M.R.C.S., M.R.C.P., Fellow of University College, London, Senior Physician to the Samaritan Free Hospital for Women and Children, and Consultative Physician to the Hospital for Diseases of Women, the North London Consumption Hospital, and the Vincent Square Hospital for Women and Children, described "mediate contagion," and said that "one woman might thus spread infection among a large number of men, she herself showing no sign of disease. This was incontestable. It was perfectly impossible to ascertain by examination whether a woman was suffering from gonorrhœa or not. In many cases it was quite easy for her to conceal all traces of it, and it was constantly done. The chief object of the Acts was to reduce, if possible, true syphilis. It was difficult to detect this in women by examination, much more so than

less serious affections. No method of examination could protect men against mediate contagion. Men might contract disease from women who were perfectly free from it." At the meeting of the Select Committee on 7th March, 1881, Dr. Charles R. Drysdale, M.D., M.R.C.S., F.R.C.P., Senior Physician to the Metropolitan Free Hospital, and Physician to the Lock Hospital and Rescue Society at Hampstead, said:—"With regard to the efficacy of the examination of women, gonorrhœa was sometimes easy enough to discover, but in the general run of cases, when it was chronic, it was extremely difficult. It was well known that a certain proportion of the women did conceal it from the examining surgeon, and no one contended that it had been in any way influenced by the Acts. Pseudo-primary was not at all difficult to discern; but it was exceedingly rare to find out true primary in a woman. He had himself sometimes spent ten minutes in endeavouring to discover it, unsuccessfully, and afterwards the appearance of secondary symptoms had proved that it had existed. The witness quoted many medical authorities who held the opinion that it was extremely difficult to discover the primary symptoms."

I might add to these opinions expressed by leading medical opponents of the Acts, and shared by those laymen who were forced by their endeavour to get rid of these abominable laws

into a study of their medical basis. But I must pass on to the second of the two causes assigned by the Army Sanitary Commission for the failure of the Acts. I do this the more readily as the Commissioners confess that "*there was ample evidence in the course of the Indian Lock Hospital experience to show that* A WOMAN'S PASSING THE PERIODICAL EXAMINATION WAS NO GUARANTEE THAT SHE MIGHT NOT COMMUNICATE DISEASE." Moreover "many of the women with whom the soldiers consorted were never on the register, and, therefore, under no surveillance whatever. . . . To bring these women under registration and periodical examination was found to be impracticable." These are the Commissioners' own words, and to us there is nothing new in them. This "widely operative difficulty" is not confined to India or even to the British Empire. It has dogged the steps of the *Police des Mœurs* wherever the system has gone; and so has the third cause of failure assigned by the Army Sanitary Commission—"that the rules were directed exclusively to the condition of the women." If I could permit to myself a smile on this awful subject, it would be on this point; for never did brutal selfishness more effectually overreach itself. Men, partners in the act or prostitution, thought to save themselves from the consequences of their misdoings by offering up on the altar of a false hygiene the women—often helpless creatures—

whom they had bribed into complicity with them. Shall we regret that this attempt failed? Shall we not rather improve the occasion by pointing out to these men that their conduct was as foolish and short-sighted as it was mean and cowardly?

The Army Sanitary Commission confessed "that statistical returns from the Army Medical Department, showing the amount of venereal disease in the Army at home during the period when the Contagious Diseases Acts were in force, as compared with the period since their abolition, do not show any more favourable results obtained during the time the Acts were in operation," and that, "as a matter of fact, the ratio of admissions per 1,000 has decreased since the Acts have been abolished."

When I attended, in September, 1902, the Conference on the *Police des Moeurs* convened in Brussels under the auspices of the Belgian Government, I had the satisfaction of hearing Dr. J. E. Lane, of the London Lock Hospital, who had been one of the most zealous supporters of the Contagious Diseases Acts, make a manly and powerful speech in which he confessed that he had been among those who had prophesied evil from the repeal of the Acts, and that the result had proved that he was altogether wrong. Three years before, in the same place, the veteran venerologist, Mr. Jonathan Hutchinson, stated that, in the preceding thirteen years—that is, since the

repeal of the Acts—the mortality rate for syphilis had been reduced from 78 to 61 per million, and he added that, as regards the methods by which the spread of syphilis in England may be limited, there is, among others, “the moral training, the education of the sentiment of responsibility of the individual in reference to others in sexual matters. This moral education need not necessarily be presided over by enthusiastic purists or religious persons. There is a widely-spread feeling in England amongst those who are not religious in the specialized sense of the term, in favour of the endeavour to advance in our respect for women, and in our regard for the interests of women of all classes of society. THE TIME WILL SOON COME WHEN WE SHALL REFUSE TO CONSENT TO THE DEGRADATION OF ANY ONE CLASS AS A SOURCE OF INDULGENCE TO ANOTHER.”

III.

But if—even according to the official confession—the system was thus inefficacious for its immediate object, what about the official statistics which, year after year, were poured out to prove its efficacy? What indeed! An analysis of these statistics in the light of present knowledge would be most valuable, *if we could get the public to attend to it*. Nothing would better show the probable value of the vaccination and other medico-political statistics which are still relied on

by the upholders of coercive State medicine. I will content myself here with a single instance.

In 1877, Sir Harcourt Johnstone, M.P., who was then the Parliamentary leader of the movement for the Repeal of the Acts, moved for a return showing the number of cases of venereal disease in Her Majesty's ships and vessels stationed at five home ports at which the Contagious Diseases Acts had been and were in operation, and the number of cases in Her Majesty's ships and vessels in five home ports at which the Contagious Diseases Acts had never been applied, from 1860 to 1875 inclusive, together with the ratios per 1,000 of force for each year at each port, and the total ratios for the ports under the Acts and the ports not under the Acts.

This return was ordered by the House of Commons to be printed, on 25th July, 1877. But, very soon after its publication, the Admiralty was informed that the comparison between the ratios of disease was fallacious, "because the 'protected' ports embraced large training ships containing many thousands of boys, while there were no such ships on the 'unprotected' ports, and THESE THOUSANDS OF BOYS WERE ALL RANKED AS MEN IN THE 'COMPARISON'; and the absence of venereal disease among these boys was put down to the credit of the Acts, the comparison nowhere stating that 'per 1,000 of force' embraced thousands of

boys in the one set of ports, and no boys at all in the other set."

It might have been thought that this exposure of a gross and audacious statistical trick would have induced the Government Department responsible for it to withdraw its figures and apologize for them. But, not only was this not done, but the arithmetical falsehood was repeated year after year, till Mr. Stansfeld's first successful assault on the Acts, in 1883, compelled a retreat. Nothing was yielded to truth. It was only when the *force majeure* of a majority in the House of Commons made permanent defence of the Acts impossible that this statistical juggle was given up. Even then, an attempt was made to shift the responsibility for it to those who were opposed to the Acts, on the absurd ground that they originally asked for the comparison; and, to this day, the bulk of the people of this country, who rely on official statistics, are unaware of this most disgraceful episode. Englishmen, who can see the evils of bureaucracy in Russia, allow their own bureaucracy—which is every day growing in number and power—practical immunity of action.

IV.

And now what is the present situation as regards this subject? This is best summed up by a consideration of the recently issued Final Report of the Advisory Board for Army Medical Services

on the Treatment of Venereal Disease and Scabies in the Army. This is the last of four reports. Respecting these the Committee say :—

“ 1. The three previous reports have been drawn up with the intention of bringing together in an accessible form the most recent information on the subject of the Committee's inquiry.

“ It will be recollected that the First Report deals chiefly with current medical literature, both British and foreign, and with information in possession of the Army Medical Department ; the Second Report contains the statements of physicians and surgeons who may be justly considered as representatives of expert opinion on this matter in British, civilian and military practice ; the Third Report is an account of a tour undertaken by Major C. E. Pollock, R.A.M.C., by order of the Director-General, to collect information on the subject in various foreign centres suggested by the Committee. His interesting report gives a record of the opinions of experts abroad, and also describes the treatment at present employed both in civilian and military practice on the continent of Europe.

In this Final Report the Committee is desirous of presenting the principal conclusions to be drawn from the information thus collected, together with practical recommendations as to treatment.”

What then is this Final Report. The following is the section giving the general conclusions reached, all the rest being mere medical detail :—

“ 2. It may be premised that the subject of prevention of venereal disease, although not entering definitely into the terms of reference, is of so great importance that it has repeatedly claimed attention during the deliberations of the Committee.

“ Venereal diseases are so clearly contagious that the argument in favour of prevention by isolation of infected individuals, even by the operation of statutes having a penal character, such as the Contagious Diseases Acts previously in force in this country, seems at once to carry overwhelming weight.

“ The remarkable diminution of venereal disease among British troops in the stations where the Contagious Diseases Acts were in force, as shown on Charts I. and VII. (First Report), is an example of evidence which at first sight appears to bear the most cogent character. Closer consideration, however, of the figures and charts relating to periods subsequent to the abolition of the Contagious Diseases Acts demonstrates that other factors are concerned with variations in the prevalence of venereal disease in the army. In any case, the isolation of a particular section of infected persons, namely, of diseased prostitutes, cannot be considered to be an ideal method of

arresting the disease while large numbers of infected persons of both sexes remain free to spread the contagion.

"It is noteworthy that in certain foreign countries where the police supervision of prostitutes has been carried out much more strictly than was ever attempted in the United Kingdom, serious doubts are now expressed as to the efficacy of legal restraint in arresting these contagious diseases.

"One of the most remarkable examples of diminution in prevalence of a contagious disease is afforded by the history of syphilis in Sweden during the past century. The main factor in bringing about this diminution is considered by Professor Welander, of Stockholm, to have been the effective and, if necessary, gratuitous treatment afforded in hospitals by the State to patients of both sexes without the stigma produced by police compulsion. The opinion of many competent Continental authorities is to the effect that the voluntary submission to treatment by infected persons of both sexes is more likely to diminish the prevalence of venereal disease than the compulsory treatment by police regulation of a special class only.

"Taking into consideration the present state of expert opinion abroad, and the opposition certain to be raised in this country should the re-enactment of a statute on the lines of the Contagious

Diseases Acts be proposed, the Committee has come to the conclusion that in the United Kingdom, at any rate, an attempt to grapple with the problem of venereal disease by methods of compulsory isolation and treatment is neither practicable nor expedient.

“Better results are likely to be obtained by the diffusion of the knowledge of the serious consequences of these diseases, and the provision of effective treatment for both sexes under conditions to which no penal stigma is attached. If this conclusion is sound, the more necessary is it that trustworthy methods of treatment should be thoroughly understood by members of the medical profession, and rendered readily available both in military and civilian practice.”

It is necessary to add very little comment to this important document. When the army medical experts themselves admit that “methods of compulsory isolation and treatment” are “neither practicable nor expedient,” it is evident that this system is *in extremis*. The limiting words, “in the United Kingdom, at any rate,” which receive no sort of justification from the evidence adduced by the Committee, may therefore be passed over with the remark that vigilance is still necessary if this moral plague is to be finally blotted out from the record of the British nation.

FREEDOM THE FUNDAMENTAL CONDITION OF . . MORALITY. . . .

Shortly before the assembling of the Conference of the British, Continental, and General Federation for the Abolition of State-Regulated Prostitution, at Berne, in September, 1896, my friend the late Mr. J. P. Thomasson, President of the Personal Rights Association, called on me and told me that he wanted me to write a paper, for the Conference, with the above title. The paper was to take not more than fifteen minutes to read. Mr. Thomasson acknowledged that the theme was a big one for so short a time, but added laughingly that he knew I could do it. The following was the result.

“OUR intellectual and moral natures come into play only when we discriminate and decide for ourselves. Just so far as this discrimination and

decision are taken away from us, we are deprived of the most essential element of our manhood and womanhood, and are turned into mere tools propelled from without." These words, which I used in the conclusion of a lecture delivered six years ago, I now repeat, as they are the keynote of what I am about to say. Freedom is the primal and basic condition of morality. Without it there can be neither virtue nor vice. When a person is accused of crime, we consider him exculpated just so far as it can be shown that he was coerced into the conduct which is laid to his charge. And this irresponsibility holds equally of virtuous and of vicious conduct. A person who was *forced* to aid one in distress, who in previous years had placed him under deep obligation, could not be accounted grateful, any more than the chisel could be credited with the beauty of the sculpture. Good and evil, in a moral sense, arise out of the free choice of the individual, and can arise in no other way. Coercion, so far as it goes, is destructive of the very soil in which moral conduct is reared—it is, *pro tanto*, a denial of the very opportunity to be virtuous or the reverse. The responsibility for the conduct of those who act under compulsion, and to the extent of that compulsion, lies with those who coerced them, unless they were in turn coerced. In this chain of compulsion, responsibility rests with the first uncompelled agent, as distinguished from the instruments of his will.

But, it may be asked, is coercion never legitimate? Is the aggressor to remain unchecked, and to be emboldened by impunity? This question involves a misconception as to the principle I have enunciated. If coercion is destructive of morality, we should abolish it so far as possible. But, evidently, the way to obtain this end is not to allow aggressors to coerce others according to their sweet will. So much coercion as is necessary in order to coerce the coercers into desistance from coercion, and so much coercion of all men into coöperation against coercion as is needful in order that coercion may be at the minimum—so much coercion as this is plainly required by the principle which I have laid down.

Up to this point, then, but not a hair's breadth beyond it, the coercion of man by man is defensible. So far as the machinery of the State is requisite in order to carry into execution this modicum of compulsion, it is susceptible of rational justification. So far, but so far only; for the moment any body of persons, large or small, banded together as a state, municipality, church, or other league or combination—the moment any number of persons, however large, step beyond this point, they become themselves the aggressors. Their invasive conduct lacks the only efficient justification—the prevention of greater invasion. Their object may be excellent—the promotion of health,

the promotion of morality, the promotion of happiness, the promotion of religion—but their coercive method is not to be excused because of their good intentions, and must be destructive of all real good in the ultimate result, even if they attain their proximate ends.

These, then, are the general principles of State function with which I approach the problem of State Regulation of Prostitution—principles which, in so short a paper, are necessarily stated very tersely and dogmatically. Before applying them to the problem of prostitution, let me first say a few words on prostitution itself.

I very much doubt whether one person in a hundred, even of those who hold prostitution most in horror, has any adequate conception of the nature and extent of the evil. I am among those who hold that the sexual relation, giving rise to the marital, parental, and filial relations, has been the cradle of the sympathetic affections, which have radiated from that centre till, with the best men and women, they reach every creature which can feel a pleasure or a pang. If anything goes wrong with this well-spring of human sympathy, the consequences in the degradation of human character cannot but be most serious. Instead of the sexual relation then being a source of tenderness, and care, and solicitude for others—especially the

weak, it "hardens a' within, and petrifies the feeling." I have had very good opportunity of verifying this by observation of individual men, and the result has been to leave on my mind a very vivid conviction that no man can have recourse to prostitution without incurring more or less of debasement of character, which, when the habit is persisted in, becomes a hideous moral deformity.

It may have been observed that, in speaking of the degradation caused by the practice of prostitution, I have dwelt on the deterioration caused in the characters of men, rather than in those of women. The reason is that I believe that, evil for evil, men are more injured in character by participation in prostitution than women are. This may seem to you to be at variance with specific experience. But, in reality, it is not so. The depravity which you see in women prostitutes is only in part, and in small part, due to prostitution itself. By far the greater part of it is caused by those regulative and repressive agencies to which the women are subjected by the various governments of Europe, that of my own country, Great Britain, not excepted.

There is no need that I should demonstrate to the members of this Federation the frightful

demoralization caused by the *Police des Mœurs* as you have it on the Continent. If the design had been to wipe out of the women subjected to it every trace of womanly modesty and personal dignity, every notion of human rights which they must respect in others and which others must respect in them—I can conceive no system more fitted to attain this devilish end than that under which women are cooped up and periodically outraged in order that men who are mean enough to purchase these poor creatures may have a guarantee (proved to be illusory) against contracting disease. What wonder that we find these women terribly degraded? It is not prostitution which thus demoralizes them—bad as that is. It is the brutal violation of the most sacred of their personal rights, and their ejection from the moral sphere.

In England we have, happily, got rid of the Contagious Diseases Acts; and, so far, the active forces of demoralization are less with us than with you. But we have a pretence—a most shallow and untruthful pretence—of putting down prostitution. There is not the smallest intention of doing anything of the kind. Those who are responsible for this cowardly and cruel work would not do it if they could, and could not do it if they would. Moral diseases are not to be uprooted by the policeman's truncheon. "Force is no remedy," as John

Bright said, paraphrasing, it seems to me, the words of the Sermon on the Mount. But people of excellent intentions, who hate prostitution, are foolish enough to lend their approval and aid to this work of hunting down the women who take part in prostitution, or perhaps I should say the weaker and more necessitous of these women. And what is the result? Wherever they go, the person who gives them a roof over their heads is prosecuted. They are hunted from place to place, till no one outside of the criminal class will venture to give them a lodging. But prostitution is in no way lessened by this. These women are brutified, not reclaimed.

The Police Report of the City of Liverpool for 1895 gives some valuable evidence on this point. The prosecutions for brothel keeping, 632, were 160 fewer than in 1894, and 317 fewer than in 1893. Commenting on these figures, the Head Constable says:—"There is little doubt also that the number of brothels in the City has very considerably decreased, as a result of the stringent action taken by the Police (under the resolution of the Watch Committee of the 10th December, 1890), and which has been vigorously maintained to the present time."—Here, then, seems to be a triumph for that coercive method whose legitimacy I deny, and whose employment I deplore. But what says the Head Constable of Liverpool about its results?—

“Notwithstanding the large decrease in brothels, the statistics of the year appear to point to the unfortunate fact that immorality has not decreased in a like manner ; for a comparison of the figures contained in the ‘Government Tables.’ already quoted, with the similar figures for 1894 and 1893, show that the number of women apprehended for ‘soliciting prostitution,’ was this year 2,806 ; in 1894, 2,014 ; and in 1893, 1,818 ; whilst the number of ‘known prostitutes’ dealt with for ‘all offences,’ was this year 3,885 ; in 1894, 2,398 ; and in 1893, 2,008 ; thus showing that the number of prostitutes in the City must have largely increased, or their character become far more disorderly. In connection with this subject, it may be mentioned, as a fact known to the Police, that there are now various common lodging-houses, almost entirely occupied by prostitutes, many of whom (so far as close observation enables the Police to express an opinion) do not make use of brothels, but frequent entries, passages, &c., for immoral purposes.”

I will not add one word of comment to this. But I will ask—what right has any of us thus to degrade these unfortunate women ? Whence do we derive our authority to *force* our personal morality on our fellow human beings ? We have no such mandate ; and the use of force for this purpose is not only a usurpation, but also implies an utter misconception of the nature of morality,

which, as I have endeavoured to point out, can live and grow only in an atmosphere of freedom. All the world over, the principal obstacle to the growth of morality is the constant resort to brute force. People of excellent intentions can see its failure—if they will only look—year after year, and century after century. And still they go on repeating the same old brutal folly, and destroying any influence for good which they might have with their weaker brothers and sisters; because they have not sufficient faith in the reformation that could be worked by earnest love, and calm reason, and the recognition of the right of even the greatest sinner to control over his or her own life. Never, till this faith comes, will public morality be put upon a basis which will allow all that is best within us to attain its highest and widest development.

EPILOGUE.

To any reflective person who has read the foregoing essays, and has been convinced by them, the thought will almost surely come that there must be some predisposing and besetting cause to account for such a stupendous series of blunders, as have marked the modern progress of State medicine. If the several issues had been decided, *pro* or *con*, by tossing a penny, the chances are that the verdicts so determined would have been as often right as wrong. But the result has been far worse than that. There seems to have been a general tendency to go astray. How is this to be explained? The answer is to be found in the first paragraph of the Petition on page 135, which I had the honour of drawing up for the Personal Rights Association. The State has interfered forcibly, and has thus prevented "the free and equal conflict of opinion and evidence" which is "the only efficient guarantee of the triumph of truth." When once a matter is thus withdrawn from the domain of reason and justice, the probability in favour of error is enormous; for there is but one way of going right, while the ways of going wrong are innumerable.

There has been a practical contempt and disregard of that principal of freedom which is the very soul of politics, and without which political action is nought save scuffle and scramble. And this lack of principle has not been manifested only by the aggressors on human and animal rights—by the promoters of the Vaccination Laws, the Contagious Diseases Acts, the Lunacy Laws, the laws for the capture and imprisonment of the sick, the law which, under pretence of restricting Vivisection, regularizes and establishes it. It has been almost equally apparent in the opponents of these measures. Save for this, the evil could not have gone so far; and the righteous cause would probably have been triumphant all along the line. That this victory has not been achieved has been due, not so much to the strength of the enemy, as to the lack of faith, and courage, and persistence in our own ranks. “Thrice is he armed who has his quarrel just”—if he has grip of the principle of justice, and devotion to it: not otherwise. If some of our friends had not been mere Anti-Vaccinists, others mere Anti-Vivisectionists, and so on, the oligarchy of State medicine would have found themselves met by a political force which they would have been bound to respect; for *force* they do respect.

What shall I say in conclusion? The issue raised—for it is fundamentally but one—goes to the very roots of our national character. If the

people of the United Kingdom could be induced to fight the matter out on proper lines, this would not only deliver them from a great and growing evil, but it would do more than anything else to lift British politics to a higher plane. Nothing is so morally bracing as a stiff struggle, shoulder to shoulder, in a noble cause. That "efficiency" for which our statesmen are crying can never be attained by any rearrangement of political machinery. If we are in a parlous state as a nation, it is because the fires of our moral energy have burnt low. Our material prosperity was never at a greater height. If, "in glowing health, with boundless wealth," we are still sickening, it is not of a vague, but of a well-defined and well-known disease. One of the best and surest ways of curing this would be by some such campaign as I have endeavoured to describe, against State-medical tyranny and wrong. The weapons of principle made use of in such a crusade would reach far beyond the evils immediately attacked, and the fervour created by successfully wielding them would give that impetus to the British character which it now so sorely needs.

PART II.



By A. GOFF.

STRAY THOUGHTS ON HOSPITALS.

I.

EDMUND BURKE once said hospitals were lightning conductors which warded off the wrath of heaven from sinful man. Without endorsing this beautiful expression of the debt we all owe to our hospitals, it is undeniable that society could not get on without them for one single day—if they did not already exist we should have to invent them. Yet, at this moment, in this year of grace 1906, in this dear England of ours, whose hospitals stand unrivalled by those of any other country in the world, there seems to be a growing dissatisfaction with them, a seething feeling that, in some way or other, great changes are required and must come, and I fear a considerable risk that, with the best intentions in the world, unless those responsible for our hospitals take individual action and put their houses in order, the public may proceed from words to deeds, and thereby perchance make matters more unsatisfactory than they already are.

Now it appears to me that it might be well if those who have thought a little on this matter of hospitals, were to put their thoughts somewhat together and exchange them with others. The world after all is not composed of shining lights, but, at best, of only moderately intelligent persons ; thus, if we hang back because we belong to this latter category, we shall end by leaving the management of things to a very small circle, and however clever and superior to ourselves such a circle may be, this is a very dangerous proceeding, for it infallibly leads to a renunciation on the part of the many of individual responsibilities. This, indeed, seems to me the very cause of much which is to be deprecated in the present condition of hospitals. In thinking over hospitals we have two facts confronting us from which we cannot get away, namely, that no hospital can exist without a medical staff, and secondly, that there must be some body of persons immediately responsible for the management of the hospital. From these two facts we cannot escape ; we may set up as many central boards, inspectors, guardians of the rights of the public, the doctors and the patients as we like, we still come back to the fact that we must have a medical staff, and a committee, a Board—call it what you choose—which bodies must be responsible, respectively, for the treatment of the patients and the management of the hospitals. It is thus imperative that these two divisions of the

hospital world should do their work well, or we cannot expect satisfaction with the hospital which will be the result of their efforts. Of these two factors again, the medical staff is the more important. We can imagine a hospital run by a medical staff with no one else responsible; but we cannot imagine a hospital run without a medical staff; the first and paramount business of these establishments is to cure the sick and injured, and this can only be done by medical men. The medical staff is therefore the most important portion of the hospital world; on the virtues or otherwise of the medical staff the hospital chiefly depends. I therefore shall first direct my thoughts to the medical staff, and ask myself how the medical profession is constituted? What constitutes a medical man? Who is responsible for his training, and introduction to practice? and is the condition of the profession such, as to justify us in expecting thoroughly satisfactory results in our hospitals, so far as the medical staff is concerned?

A medical man is a man who holds a licence to practise medicine or surgery, or both, from certain authorities constituted by law. By a series of Medical Acts beginning with the Act of 1511, the State has delegated to certain corporations the right and duty of determining the course of education, of examining, passing, and registering those persons who desire to carry on the practice of medicine and surgery in Great Britain and Ireland.

These corporations include the Colleges of Physicians and Surgeons of England, the Universities, Colleges of Physicians in Edinburgh and Ireland and certain other Medical Corporations.

Finally, there is a body, called the General Medical Council, whose special duties are to lay down the general curriculum of education and to place any one who holds a diploma from any of the above corporations (and who is willing to pay the sum of five guineas) on its register, and this register is a matter of the greatest importance to the medical profession. The corporations above mentioned each has a register, on which are entered the names of all the men holding a diploma of such corporation. Should any of these men be considered unworthy of continuing to hold his diploma, his name may be struck off the register; the corporation so acting must, however, give full information to the General Medical Council of the reasons for its action. The General Medical Council, itself, has far larger powers than these, for if it considers a man on its register guilty of what it terms "infamous conduct," which does not in the least mean that he has necessarily been guilty either of immorality or of mismanagement of his patients, it has the power (subject to an appeal to the courts, which would almost certainly fail) to strike him off its own register, and any such man, should he continue to practice, would be unable to recover his fees. Again, though any man on the

register can mismanage or even experiment on his patients with almost perfect safety to himself, the cleverest and most successful of unqualified men, should he lose a patient through no fault of his own, would find it go hard with him, should any questions be asked by the Registrar of Deaths. It is, therefore, evident that the Government, by means of these Medical Acts, has set up a powerful monopoly which has immense capacities for good or evil. Now let us see how this works and how these corporations are discharging and using the onerous and important duties and rights placed in their hands by the State. In the *Lancet* of February 6th, 1897, I find the following remarkable statement :

“Every anatomical teacher who is familiar with the daily work of our profession, deploras the decadence in practical anatomy which is now so marked. We do not hesitate to say, that the number of medical students who now thoroughly dissect the human body, so as to show and to see the structures clearly, is much less than it was fifteen or twenty years ago, and is gradually dwindling to a minimum. Yet it is from these students that the future surgeon must come. The student is no longer to study anatomy in its application to the practice of medicine, surgery, and midwifery, but he is to be taught this eminently practical science ‘from a morphological standpoint, and as a member of the great animal series.’ His science is everything; his practical investigation for his after career is relegated to quite a subsidiary place. So in physiology, the time that was formerly allotted to the elucidation of the functions of the human body, to the proper methods of preparing

histological sections of the organs, and to the broad facts in the chemistry of the secretions, is now mainly occupied with minute details of physical and chemical experimental physiology, so that the student cannot see the forest because of the immense number of the trees." "The later subjects which will require all his time and attention are the clinical ones—medicine, surgery, and midwifery—and here too the text-book knowledge has been permitted to predominate over a real acquaintance with the practical recognition and treatment of disease. Then, again, the examination system, at present adopted by most qualifying boards, is at fault. . . . The methods of the examination room are often quite different from those employed in actual practice. We are glad to see that practical teachers like Mr. Mitchell Banks, Mr. Pridgin Teale, Dr. Struthers, and others are with us in this protest."

Nor is this the first time such a complaint has been made. Fifteen years ago Dr. George Foy, of Dublin, asserted that the time of students was being wasted by encouraging them to devote themselves to matters of secondary importance.

"The student," he said, "is called on to study the most difficult and least frequent of operations on the body—operations that not one in a thousand practitioners ever sees, much less performs. He spends month after month studying how to stain bacilli and diagnose unusual diseases, and is never required to know anything of chloroform, ether, methylene, bromide of ethyl, or any other anæsthetic. . . . To know how to give chloroform is vastly more valuable than to be able to stain bacilli."

To return to anatomy—of which it may safely be said that a man may just as soon try to write poetry without having first learnt the words he requires to use, as try to be a successful physician

or surgeon without first thoroughly learning anatomy—"A Teacher of Anatomy" writing in the *Lancet* in 1893, complained "that the new methods may be more interesting, but they do not train men to observe for themselves like dissecting," while the *Lancet* in 1894, in reviewing a remarkable book by Professor McEwen, praised it as one which would have delighted the heart of an old-fashioned anatomist, and declared that "many of our most intelligent students do not know the position of the tendons round wrist or ankle joint, or the relations of the aortic curve. Dissections of the deeper regions are seldom made now."

More recently we find the same complaint, the *Lancet* in 1896 again writing, that although the new pathology might be more interesting, it doubted whether it were as good a training as the older methods. The previous year the late Sir William Mitchell Banks in addressing the Yorkshire College Medical School, had borne testimony to the same fact; he said that often, when he had been teaching in Liverpool, he used to be surprised at the extent and accuracy of the students' anatomical knowledge; but for many years they had been steadily deteriorating.

"It is the same as regards physiology. One department alone—that relating to the nervous system and to electric experiments—is now more extensive than the entire subject was in my student days: but what is the result? Endless time is spent in galvanizing frogs and making tracings on drums, whilst only the

other day a physician complained that his clerks seemed to be ignorant of the simplest functions of the liver and kidneys."

Dr. S. West again, at a meeting of the Royal College of Physicians, stated that it was the general complaint, that the newly-qualified medical man was inferior to what he was formerly. It is not very surprising after all this to find so well-known a surgeon as the late Mr Thomas Cook declaring that, so little faith had he in the methods of education, that had he been suffering from a strangulated hernia, he would rather have tried to operate on himself than have trusted himself in the hands of a "learned surgeon of the modern school." Many similar and equally authoritative statements might be quoted, but I will only add the testimony of Sir Dyce Duckworth. In an address given at St. Bartholomew's Hospital last year, on "The Present Decline of Art in Medicine," he said that "the finished products of the schools of to-day are at first but slenderly equipped to minister to the sick, to prescribe appropriately, or to manage their patients." In reporting these words, the *Lancet* of Nov. 25th, 1905, fully endorses them, observing that "there will probably be few who would deny that he is correct in his contention that the art of medicine has been much neglected, and that it has materially declined." It can hardly be said after this that the state-monopoly has worked well with regard to purely professional attainments; but

professional attainments, though they undoubtedly take the first place, are not all which go to make a good physician. To be this, as has been well said by Dr. Wadham, he must have "tact and temper, and beyond every other quality—sympathy." In fact, he must have self-control, cool judgment, and that courtesy which is not of a highly-trained manner, but of the mind ; he must have, in short, a cool head and a warm heart. How do the present methods of medical training work in this respect ? Let us turn again to the medical profession for a reply. Let us ask it to tell us whether the present methods tend to make men humane, whether that graciousness and courtesy of manner, to which we are so well accustomed in the West End consulting-room, is the rule of daily life ? and let us see how these very men treat each other in the privacy of medical meetings and the medical press. With regard to the effect on the humanity of medical men likely to be exercised by the present methods of medical training, by the present efforts to copy foreign schools, I will but quote the words of Dr. Brindley James at the meeting of the British Medical Association held at Carlisle in 1896. He observed that we did not want any more servile imitations of foreign academies ; that they would do more harm than good to the medical profession, for, said he, "we want our doctors to be humane to their kind." With regard to the judgment, self-control and courtesy of medical men, the less that

is said about these qualities the better, if the large assembly collected at the above-mentioned Annual Meeting of the British Medical Association is any criterion. According to the accounts given in various medical papers, wrangling "rowdyism," "chaos" prevailed in that section (of all others) termed of "Ethics"; there were "many foolish, sordid, spiteful utterances," "the ethical section was a ridiculous failure, and in some ways a disgrace."

So hopeless does it seem, however, in some quarters to reform the manners which rendered this section so lively, that one medical paper suggested that henceforth no reporters for the lay press should be present, so that if these scenes were repeated, at least the profane public should not hear of them. What must be admitted, as, to a certain extent, amusing, was the fierce attack made by members of the British Medical Association on the Association itself, one candid member going so far as to express the opinion that it is "the most hopeless, helpless and futile organization ever seen in the world, a huge whale stranded on the sands of time, incapable of doing anything but flap its tail." Considering the authoritative manner in which the organ of the Association, the *British Medical Journal*, dogmatizes on matters scientific and moral, it is somewhat diverting to find with how little respect the Association is regarded by some of its members, in whose names

the *Journal* professes to speak. It was, however, not the only medical body whose shortcomings produced excitement both at the Carlisle meeting and subsequently. The highest authority of all on medical matters, the General Medical Council, came in for many hard knocks, and the indignation excited by its failings, real or supposed, led to a fiery correspondence between Mr. (now Sir Victor) Horsley and Mr. Brudenell-Carter, which was terminated in a letter which appeared in the *Lancet* of October 3rd, 1896, and in which I find these words :

“LETTER FROM MR. BRUDENELL-CARTER TO THE
EDITORS OF THE ‘LANCET.’”

“SIRS, — The discussion concerning the alleged shortcomings of the General Medical Council, which you were good enough to allow me to commence some weeks ago, has now reached a stage, and has been continued in a manner, which alike suggest to me that it had better be brought to a conclusion. I should allow Mr. Victor Horsley’s last letter (I am given to understand that he is no longer ‘Professor’) to pass unnoticed, but for the consideration that, if I did so, he might succeed in persuading himself, and might perhaps try to persuade others, that no effective answer was possible. I therefore apply myself to the task of exhibiting his statements in their true light; and, for the sake of clearness, I will number them as I proceed.

“Mr. Horsley says (1) that I ‘grossly insulted’ the whole body of general practitioners; (2) that, by my own admission, I ‘deliberately misrepresented’ the

Medical Acts ; (3) that I 'encouraged quackery' ; (4) that I so far misrepresented my opponent's statements at Carlisle, as practically (whatever that may mean) to have committed literary forgery ; and (5) that I 'opposed constitutional reform.'

"With regard to (1) when Mr. Horsely in a former letter falsely charged me with having "insulted" my professional brethren, I temperately pointed out that the charge was groundless, and called upon him either to substantiate or to withdraw it. I did not, as he says, 'violently demand' that he should do one or the other, for, in my ignorance of his peculiarities, I lapsed into the futility of appealing to him as 'man of honour.' The appeal was of course as fruitless as it would be to draw a cheque upon a bank which has closed its doors, and what Mr. Horsley did was to write a shambling half column, in which, while utterly unable to meet my challenge that he should cite a single word or phrase which, read in connection with its context, was insulting to anybody, he tried to escape from his dilemma by converting his charge into a general one, and by saying that my 'whole paragraph' '*appeared to him*' to be insulting, and that he 'failed to see' how it could be shown to be 'other than discourteous.' I can understand that Mr. Horsley may 'fail to see' what is obvious to ordinary intelligences, but surely I have no responsibility for his 'failures,' and it is morally wrong of him to say that my paragraph 'was' insulting when the truth was only that he 'thought' it so. He now writes that in reply to my challenge he 'gave me chapter and verse,' which is precisely what he did not do, and what he could not do without showing the absurdity of his own allegation. Furthermore, in continuation of the same subject he says that in the opening of my first letter I 'compared' practitioners to 'suspected criminals.' He knows perfectly well that I neither instituted nor suggested such com-

parison. I pointed out the unquestionable fact, that the only practitioners who come '*under the jurisdiction*' of the Council are either accused or convicted persons, and hence I argued that this jurisdiction does not constitute a claim for the 'direct representation' of those, who are neither accused nor convicted. The argument may be sound or not, but it does not contain any comparison of anything or anybody to any other thing or any other body, and it cannot, by any amount either of stupidity or of misconstruction, be made to bear the meaning which Mr. Horsley has endeavoured to attach to it.

"Charge No 2 is somewhat puzzling. It is absolutely untrue to say that I have 'admitted the offence of having misrepresented' the Medical Acts; for I have no idea how such an offence could be committed, and certainly have not pleaded guilty to it. I wonder whether 'Acts' would feel 'misrepresentation' acutely, and whether they would have any remedy, perhaps in suing by Mr. Horsley as their next friend, if they were to take the case into a court of law? I can imagine the possibility of misrepresenting the language of the Acts, or their intention, or their effect; and, indeed, I have seen many examples of such misrepresentation lately. Possibly something of this kind is what Mr. Horsley means, and his obscurity may only be due to his not knowing how to express himself. If this be so, I deny the truth of the accusation. To the best of my knowledge and belief I have never misrepresented the language or the effects of the Acts in any way, and I have nowhere made any admission of having done so. I am not 'my own lawyer,' and hence it is quite probable that I may understand the Acts better than Mr. Horsley himself.

"Charge No. 3, that of having 'supported quackery,' does not seem to require refutation. I have not

mentioned quackery, except to refer to the attitude of the Legislature with regard to it.

"Charge No. 4, that by misrepresenting the statements made at Carlisle I have '*practically* committed *literary* forgery,' might perhaps be rendered clearer than it is. I do not understand the force either of the adverb or of the adjective. 'Practical,' implies, I suppose, a distinction from 'theoretical' forgery; and I presume that, if so, the former must be actual and accomplished, while the latter is only in contemplation. Then 'literary'! What would a 'non-literary' forgery resemble? Would it be a forgery not yet written down, but resembling the 'theoretical' one in being nascent, inchoate, fully existent only in the mind of the intending forger? These questions are important, because forgery is a serious offence either to commit or to be charged with, a far more serious offence, in my judgment, even than 'misrepresenting' an Act of Parliament, and I have a not unnatural curiosity to know whether I am a 'forger' or not. I think not, if 'misrepresentation' of the Carlisle papers be taken as a test. When I only knew of these papers through the imperfect medium of a condensed report I described them collectively as 'balderdash.' I have since read them singly, and I do not think it possible for any description to be more entirely accurate. I cannot imagine more utter balderdash, unless it be supplied by the charge which Mr. Horsley, has based upon my treatment of them.

"Charge No. 5 deals with matters of opinion. A proposed change which Mr. Horsley would regard as a 'reform,' might appear to me to be a retrogression, and if so, it would be both my right and my duty to oppose it. 'Reform' and 'constitutional' are, in fact, words without meaning; but Mr. Horsley's use of them shows, that his mind has never soared beyond the old definitions of 'orthodoxy' and 'heterodoxy,' as 'my-dox' and 'your-dox.' He falls into the very juvenile error of advancing his extremely ques-

tionable opinions as if they were statements of facts, forgetting that, with regard to each and all of them, he will find hundreds of people with powers of judgment far better than his own, with wider experience of affairs, and of higher and more finished culture, who will differ from him by the whole sky on the many subjects concerning which he endeavours to fancy himself infallible.

"Life is not long enough to follow Mr. Horsley through all the windings of his letter, but I observe a reference to my mention of Allinson's case, in which my critic falls into the absurd mistake of confounding Allinson's original appeal against the sentence of the Council, of which alone I was speaking, with the proceedings which were taken against him on a subsequent occasion. The mistake by itself is of small importance (for what is one amongst so many ?) but it may serve as an additional illustration of Mr. Horsley's general inaccuracy. His attempt to conceal another blunder by representing that to utter a caution is to 'censure severely,' merely establishes conclusively what his earlier letters led me to suspect—namely, that he does not understand the meanings of the many common words which he systematically misapplies. I should greatly like to know whether some of his misapplications do not amount to the 'practical commission of a literary forgery.'

"And now only one word more. The farrago of rubbish and falsehood, the meanness and malignancy of which I have, I think, sufficiently exposed, is connected together by coarse personalities and vulgar abuse, such as are no longer tolerated in any decent society. I do not think it would be consistent either with my own dignity or with my professional position to continue a controversy which my opponent conducts in such a manner."

It is not surprising that this was followed by the editorial note :

"This correspondence must now cease. We cannot but regret that many of the letters have contained expressions of such a bitterly personal nature. Neither the cause of medical reform, nor the elucidation of the medical Acts, is furthered by accusations of mendacity and other crimes. Certain gentlemen whose letters have not been published, are requested to understand that they have entirely transgressed the bounds of what we consider to be decent criticism."

I do not think I am an inquisitive person, but I must confess I should like to know what those gentlemen did write. But this violence and these scenes were not new. At the Church Congress of 1892, the public was amazed at the unmeasured language used in the vivisection discussion by Sir Victor Horsley, and attributed it to the peculiar temperament of an individual; but this was an error, for in reporting the proceedings of the British Medical Association of the following year, held on that occasion at Newcastle, the *Lancet* remarked with pleasure on the absence of the "bitter personalities" usual on these occasions, and complimented the President of the year for his instant checking of all "violence and waywardness of tongue." The same propensity is constantly appearing in the discussions in the medical papers between various representatives of what the *Lancet* has termed the "New Pathology," when any difference of opinion arises among them. In considering the question of hospitals, the condition of the medical profession is, to my mind, the most important factor which we have to deal with. Do what

we will, the medical man is, and ever must be, the most important person in the hospital *after the patient*. He is master of the position. If therefore his training has been unsatisfactory, it will be difficult to make the hospital thoroughly satisfactory.

Thinking over these matters, I ask myself whether the presentment of the medical man as given by members of the profession is satisfactory, whether the training given is fitting men scientifically and mentally, for the immense trust placed in the hands of the physician or surgeon, especially the physician or surgeon holding an appointment to a hospital; whether, in fact, the enormous power placed by the State in the hands of certain corporations is working for good or for evil?

II.

IN considering the condition of hospitals and the various proposals which are being put forward in different quarters for their improvement, the consideration which should hold the first place, with which nothing else should be allowed to interfere, is how they may best be enabled to carry out their paramount duty of curing the sick and maimed; or at least of alleviating, as far as may be humanly possible, the suffering of each patient who may enter their doors. No matter how admirable they may be in other respects, no matter how advantageous they may be to the general community as training schools for the medical men of the future,

no matter how economical may be their management, and how little their charity may be abused by those for whom it was never intended, if they have not made it their first business to alleviate to the utmost the suffering of each individual patient, they must be held to be wanting in their paramount duty; therefore, however magnificent and beneficent they may appear, to be in truth but vast failures. A very uncertain state of feeling undoubtedly exists on this point. We constantly hear of the necessity that the public should be able to exercise more control over hospitals than is at present possible. There seems a growing impression that the patient is not always made the first consideration, that the hospital itself, or possibly the school which may be attached to it, is of more importance in the eyes of those responsible for its management, than is the individual patient; and at times this impression even appears to cause dissatisfaction with the method of support by voluntary contributions, and to suggest a wish to substitute something else for it—I say substitute, because whoever provides the funds must be the final authority as to the management of the hospital. Thus the next question which offers itself to my mind is, how are the funds to be provided, and how best may hospitals be supported? Is it best for them to be supported by endowment, by the State, by the rates, or by voluntary contribution? I imagine no one would desire to see our

hospitals supported by endowment ; for an endowed institution is independent of all outside opinion, and can do precisely what it chooses so long as it does not absolutely break the laws of the land. I therefore would only allude to endowments as being certain sooner or later to defeat the intentions of those who may be disposed to make them. Nor does State support recommend itself to me. Hospitals are living things, and connection with the State undoubtedly has a tendency to produce a certain mechanical routine, besides discharging the public from any active duties with regard to such things as are maintained by the State ; neither of these tendencies conduce to a sound and healthy condition. Again, should the public become convinced that matters require looking into, that things are not going on quite as they should, the fact of dependence on the State, of State support, goes a long way to render any action on the part of the public difficult, if not impossible. To interfere with a State Department, to oppose it or try to mend it, is a matter so lengthy, so difficult, and so doubtful as to its results, that were hospitals placed under the ægis of the State, the attempt to make them more satisfactory than they now are, would become well-nigh worthy of a knight-errant of the olden times.

Then as to rate-supported hospitals, these already exist : are we satisfied with the way they work, and have we any greater control over them than

over those supported by voluntary contributions? I think not. To quote the words of the *British Medical Journal* in 1896, on the Report of the Asylums' Board's hospitals: "all does not seem to be quite well with these asylums; perhaps they are too vast for proper supervision, perhaps they are too far removed from the influence of active public opinion." Nor are these the only institutions from which we may judge whether rate-supported hospitals would be likely to prove satisfactory, for the workhouse infirmaries are virtually rate-supported hospitals, and, though of course there are notable exceptions, their condition is unfortunately, in too many cases, anything but encouraging.

A few years ago, in consequence of a conviction that things were not as they should be, an investigation was undertaken, under the guidance and at the charge of those who are responsible for the conduct of the *British Medical Journal*, and well do they deserve the thanks of the community for their public spirit and energy. A lengthy visitation was made through the country, with the result that a condition of things most painful to read of, was, week by week, placed before us in the pages of that journal. Doubtless this effort has not been in vain; though in the *British Medical Journal* of November 4th and 25th, 1905, there is evidence that matters are still very far from being in a satisfactory condition. Knowing what we do,

knowing that it was only by the intervention of the powerful organization which stands behind the *British Medical Journal* that these facts were laid before us, we are not, it seems to me, justified in regarding the method of rate support as at all more likely, or indeed so likely, to prove satisfactory as that of voluntary contributions. This method at least gives a large, in some cases, a very large number of persons the absolute control of a hospital, if they choose to use their power. For the governors who elect the various committees and officers number several hundreds, in one of our London hospitals several thousands. It is, therefore, no small public that has the control of hospitals supported by voluntary contributions, nor is it any special portion of the community which is represented by this little world. Not only this, but each governor being a contributor to the funds of the hospital, usually of from three to five guineas annually, or of from thirty to fifty guineas in one sum, he would appear to have a strong incentive for seeing that things are properly conducted, and that his gifts are not mis-spent. Unfortunately, this is a matter he rarely troubles himself about.

Too often subscriptions are given to hospitals, more as a flattering unction to the soul of the giver, than with any intention of really seeing that the hospital is properly managed. Subscribers do not, as a rule, trouble themselves to attend the

meetings ; they do not watch the appointments made ; they only know what the hospital says of itself in its annual report, if they even do that. It is to this unfortunate propensity that must be attributed the strange fact that hospitals, though dealing with such great numbers of women, have as a rule, no women on their boards, and that, in the case of one Metropolitan institution, *women* governors are never summoned to the meetings, a neglect of which, it is said, they do not complain. The result is that the committees are supreme, or I should say, that portion of the committees which really does the work ; and consequently hospitals, which at one time may be very satisfactory, may as time brings the inevitable changes in the committees, become very unsatisfactory. I can give an example of this taken from my own experience.

For many years I was a governor of a hospital, which while holding the highest position as to management of any hospital in the metropolis, enjoyed also, what I and others regard as the proud pre-eminence of having no licensed vivisector attached to it, and of possessing a committee strongly opposed to the practice of animal experiment. Persons, therefore, who look on vivisection of animals as a crying danger to patients, could safely recommend this hospital to their friends. But gradually things began to change. First one, then another licensed man was placed on its staff.

From the first I protested. I addressed the committee, through the secretary. Presently I went and saw the latter, and placed in his hands Dr. Ringer's statements as to the use he, and others, had made of patients for the purpose of testing poisonous drugs. I pointed out the constant connection between experiments on animals and experiments on patients, and gave him the names of the licensed men who had been placed on the staff. The secretary not only showed no interest, but absolutely denied that one of the men I named was on the staff at all. I insisted: he then confessed that this man, though not technically on the staff, was a clinical assistant. Finding more vivisectors appointed, I wrote direct to the chairman of the board, calling his attention to the grave danger, and sending him proof, from the statements of vivisectors themselves, of how that practice leads to human experiment, and expressing my fear that, unless the former safe condition of the hospital were restored, I should be forced to withdraw from it, which (for special reasons) I shrunk from doing. I should however, I observed, be obliged to do so; for not only did I disapprove of the present conditions, but my name in the list of subscribers to any hospital, signified, to those who knew me, that I regarded the place as safe for patients. The chairman replied, supporting vivisection, and expressed his hope that I might be satisfied to continue my subscription "anony-

mously." This I naturally declined; and after some two years' struggle, had nothing to do but cease to subscribe.

I, however, wrote to one of the greatest, I may say, indeed, the greatest benefactor of the hospital, a lady who, though at that time residing in Africa, had on many critical occasions, extending over several years, been the mainstay of this hospital—and I informed her of the state of matters, so different to what had formerly existed, and which I knew was so repugnant to all her ideas. This lady, who herself had medical training and hospital experience, and who was connected with the profession, immediately wrote to the Chairman, sending him a list of experiments performed on human beings, and pointing out that they were but specimens of the never-failing consequence of the practice of experimenting on animals, and were the result of the hardness of heart produced by it. The list included, among other things, cancer grafting, delay of treatment for teaching purposes, and experiments on the moral nature of hypnotized women—related by the experimenters themselves. The Chairman replied much as he had done to me, but one statement, *à propos* of the samples of experiments on patients sent to him, is worth quoting *verbatim*, and I have been permitted to do so: "As already pointed out," he wrote, "the cases you have referred us to are mostly medical. If we accepted the view that

such cases produce hardness of heart, which renders men unfit to attend hospital patients, I am afraid we would have to discharge our present medical staff, and be quite unable to find others to whom the possible objection which you suggest would not apply."

Now here we exactly see the weak point of the voluntary system ; it has a tendency to be worked by the Committees with but little interference, except on some extraordinary occasions ; nevertheless the governors, being virtually masters of the situation, can make their will felt, whenever they awake to the fact, that they have not done their whole duty when they have subscribed to the funds of a hospital. At the present moment, from a recent experience, I fear that in some cases any attempt to awaken them would be regarded with the reverse of gratitude.

In this as in all matters of real importance, what is required is the sense of individual responsibility on the part of the citizen ; that sense of individual responsibility, that duty of individual action, which has been the strength of free countries, and without which liberty cannot exist. Unfortunately too many of us, living in peace and comfort, are inclined to think that we can safely leave our duties to be discharged by others—that collective action is perhaps better than individual action, that public bodies can be trusted to do their work without constant supervision, and that when rules

and laws are once laid down and set going they will work on unchangingly like a machine. This is not so ; public bodies being composed of human beings do not stand still ; they either progress or degenerate, and active individual interest, discharge of the responsibility of the individuals who control or compose these bodies. is the only way to prevent retrogression, which being what may be called an abuse itself, gives rise to other abuses which increase and multiply.

But if this lack of sense of responsibility makes itself felt in institutions supported by voluntary contributions, how much more likely, is it not, to exist in institutions supported by rates and taxes, and governed not directly by those who contribute the funds, but by a department or board, of some sort or kind, administering funds supplied by some form of taxation? If subscribers will not look after the employment of the sums they themselves contribute, how can a department be expected to look after the employment of that portion of the rates and taxes disbursed by it? I confess I see little chance of gain, in hospital management, by giving the supreme control into the hands of any department or board, or by doing anything which may check voluntary contributions, or substitute another authority for that of governors by right of subscription.

I do not, however, by any means think that individual action on the part of the governors

should not be strengthened by the power of appeal under certain rare circumstances to the constituted authorities, either municipal or imperial, nor that certain laws which already exist, should not be so adjusted as to afford a protection to patients in hospital which they at present do not possess, and which the governors, even if they discharged their duties with the utmost alacrity, could hardly of themselves secure. But this is very different from either placing hospitals under the State, or the Local Government Board, or the County Councils, or from in any way endeavouring to get away from the fact, that those who find the funds for the support of the hospitals must be allowed to govern them. The question which presents itself to me is, how is this to be done? I ask myself what was the chief cause of the improvement in the condition of hospitals which took place during the reign of Queen Victoria, but which began before her Majesty came to the throne, the beginnings of which were, in fact, about contemporaneous with her birth. What brought this improvement about, and has it any lessons to teach us?

III.

THERE is an old saying that history repeats itself, and in the present condition of unrest and dissatisfaction with regard to hospitals and their management, we have a fresh proof of its truth. That hospitals in the early part of the last century were by no means equal to what they became

later, is well known. They, like many other things, benefited by the ideas which received so great an impulse from the French Revolution—ideas, which though already in existence previous to that terrible upheaval, yet came through its scorching fires renewed and strengthened, so that from having been in many cases but the ideas of chosen individuals, they became principles, which could be grasped and fought for, by men of less academic and of rougher mould.

Of these ideas the predominating one was, the right of man, as man, to fair treatment; or in other words, the evil and wrong of privilege; and these ideas rendered a change in the management of hospitals imperative. These institutions, notwithstanding the heavenly character attributed to them by Edmund Burke, were in a sadly earthly condition, and those who knew most about them were best aware of this fact. The necessity for a reform was patent, the only question was, how the change so much wanted, should come about; and in view of the somewhat similar state of dissatisfaction which prevails on the same subject to-day, it may be both of interest and of use to consider how the needed changes at last did come to pass, and to see whether this old story has any lesson to teach us. A most interesting account of this revolution in hospital matters was published in the *Lancet* during 1896, and for what follows I am entirely indebted to that journal.

In the year 1815, there came to London, to study medicine at the united schools of St. Thomas's and Guy's Hospitals, a young man. He belonged to a numerous family, in which the predominating atmosphere was that of fair play. In London hospitals he found a condition of things directly the reverse. Nepotism reigned supreme, talent and application counted for little unless backed up by medical influence and connections; in fact, to quote the *Lancet*: "Nepotism was rampant, ignorance was too often exalted, and pecuniary traffic determined success." Lecturers paid by the high fees of students to deliver lectures in the medical schools often sent substitutes; lectures were not allowed to be published, so that the lectures of such men as Abernethy and Astley Cooper were only of use to their own students, and were lost to students attending any other medical schools. Hospitals were managed as if they existed for the benefit of the officials, and not for the patients; unsatisfactory operations were hushed up, and the public knew little of them; finally, the great medical corporations were in such a condition in the year 1826, that this young man in his indignation declared, that "you might as well remonstrate with the devil as with such a constitutionally rotten concern as the Royal College of Surgeons," and he determined to make it his life's work to combat these abuses and to conquer them, and he did it. That man was

Thomas Wakley, founder of the *Lancet*. It is needless to say, that he brought down on himself a perfect avalanche of abuse. For telling the truth about these matters, he was denounced by his professional opponents as a disseminator of moral garbage, he was abused in every way, and when all other methods of attack were exhausted, it was darkly hinted that "he had a past," However, Wakley cared nothing ; he defied what he called the "medical ring" of that day, charged them with clinging to their fees, hinted at "astonishing revelations of abuses," pointed out that hitherto hospital officials had carefully avoided publicity ; asserted that the elections to the staff of the various hospitals in the metropolis were solely due to family influence, and gave most discreditable accounts in the *Lancet*, which paper he had founded in 1823, of the administration of the medical schools, and of the practice in the hospital wards. When to all this he added a banter at the expense of Sir Astley Cooper's favouritism for his relations, speaking of him and his colleagues as united not only by ties of relationship, but by a "common participation in £3,600 a year, which they annually extract from their students," we can hardly be surprised that he was from that day excluded from the Borough Hospitals by order of the surgeons to those institutions (St. Thomas's and Guy's). Justly, however, did Wakley say : "These men fear publicity because they habitually betray

their trusts. They discharge public duties inefficiently, and fear lest the public should find them out. Therefore they drive the truth-seeker from among them."

But this arbitrary move on the part of the hospital officials did not benefit them much. Just as Wakley had, at the commencement of his warfare, been able to take down notes of the lectures of Astley Cooper and Abernethy under their very eyes, yet without their knowledge, notes which he then published *in extenso*, to their great wrath and indignation (thus for the first time vindicating the right of the public to read lectures given in the medical schools), so he now, through many friends and adherents, obtained the information necessary to him in his struggle, and which he was debarred from obtaining himself. That these colleagues should aid him covertly, writing also under pseudonyms in his dashing periodical, is not to be wondered at. Even after some years, when certain of these earlier friends had severed their connection with the *Lancet*, and, in one case at least, had accepted preferment of which Wakley disapproved, as incompatible with opposition to abuses, this silence did not cease, but was strictly observed on both sides; for to be known as being connected with the *Lancet* would have been sufficient to end all chance of advancement, not only for a student, but even for one already holding a post of authority, in most of the hospitals.

Very shortly after the above-mentioned expulsion, a very painful affair occurred, which gave point to all the charges of *mal praxis* and nepotism by which Wakley had made himself so obnoxious. An operation, the details of which are even at this distance of time painful to read of, ended fatally; the circumstances could not fail to excite strong feeling, even in one less impulsive than Wakley, and his natural indignation was fanned to fever heat, by the utterances of the *Medico-Chirurgical Review*, the rival journal of the *Lancet*. This paper having expressed the opinion that, if a surgeon fails for want of dexterity, it is sufficient punishment without the torture of his failure being blazoned forth to the public, Wakley replied with scorn, that though he was "prepared for the imbecilities of these hole and corner champions," yet "this monstrous proposition somewhat staggered" him. This was followed by so fierce an attack on the peccant surgeon, that it led to a libel action in which Wakley defended himself with his usual vigour, cautioning the jury not to place too much reliance on the evidence of "a gang of hospital surgeons," who, he said, stood by the plaintiff, because they were aware they might any day be in the same position themselves, and concluding his speech with an eloquent appeal that the jury would "consider the poor in their verdict, the poor who were at the mercy of the hospital surgeon." The verdict was nominally for the plaintiff, but really for

Wakley; it is therefore not wonderful that his opponents waxed more and more wrathful, and described him as a "malicious slanderer," and "a panderer to morbid tastes" in publishing his hospital reports. Little do we think to-day, in perusing the pages of the *Lancet* and studying its hospital reports, of the fierce encounters which raged round them nearly eighty years ago.

In the year 1827, an apparently ordinary occurrence took place in Scotland, which nevertheless has left a lasting mark on the statute book of Great Britain, and in the history of the medical profession. There died in an Edinburgh lodging-house a man so poor that he absolutely left nothing wherewith the rent due by him could be defrayed—unfortunately not a very unusual occurrence. His landlord, also himself poor, could not afford the loss; and knowing that a good price was paid for subjects for dissection, took the body of his lodger to the proper quarter and received £7 10s. for it, a casual remark being made that as much would be given for any others which might be brought. So far all was open and above board on all sides; but soon a regular trade sprang up in subjects for dissection; no questions were asked but once, and no explanation given as to how this sudden supply was procured.

At last, in November, 1828, matters could no longer be kept quiet. Two men, Burke and Hare, were charged with committing a series of murders,

and thus possessing themselves of these bodies ; they were tried for their lives and found guilty, and, as a result of these hideous revelations, a Parliamentary Committee, under the chairmanship of Mr. Henry Warburton, was appointed to enquire into the study of anatomy as practised in the United Kingdom. In 1829, Mr. Warburton introduced a Bill for allowing the unclaimed bodies of persons dying in hospital to be sold for the purpose of dissection. The Commons passed it, but the Lords threw it out.

In 1831, another murder occurred, this time in London ; the victim was an Italian boy who made his livelihood by showing white mice. The body was offered for sale to the celebrated surgeon, Mr. Partridge of King's College Hospital ; fortunately he suspected foul play, and instituted enquiries, which brought the murderers to justice.

This last outrage sufficed to carry the Anatomy Bill successfully through Parliament. By this Act dissection was placed, and to this day remains, under the jurisdiction of the Home Office. The Home Secretary grants licenses to dissect, but no dissection can *legally* be made, except in some place of which the Home Secretary has had notice a week previously. The Home Office may appoint inspectors for all such places, one of the duties of the inspector being to make quarterly returns as to the bodies carried in for examination. Wakley on this, as on many other occasions, advocated what

has since come to pass, thereby again showing his distrust of hospital authorities; he desired that the inspectors should distribute the subjects to the different places in strict proportion to the number of students. He feared, it is said, that otherwise the big hospitals would act unfairly to the smaller institutions and to the private schools of anatomy, of which he was a staunch supporter, and would succeed in obtaining more than their just share of the subjects for dissection.

And here I may mention in passing, that this was a matter which touched him closely; he was a devotee of anatomy. To quote the *Lancet*: "That he considered an intimate acquaintance with the machinery of the human body an absolute essential to all medical study, is revealed over and over again in his writings in the *Lancet*, in his words from the coroner's bench, and in his Parliamentary speeches." "To say that a knowledge of anatomy is the basis of all sound medicine and surgery, is such a truism, that to claim for Thomas Wakley that it was his idea must seem a little unnecessary, for if he had not possessed the idea he would have stood convicted of shortsightedness." Unfortunately it does not appear to be a truism in the eyes of those responsible for medical education to-day.

In 1834, a Parliamentary Committee under the chairmanship of Mr. Warburton was appointed to enquire into the state of the medical profession,

and to take evidence, among other things, on the treatment in institutions supported by voluntary contributions and on the mode of appointing officers of such hospitals. Among the witnesses called were those who held the very highest place in the profession, some of whom had upheld the existing condition of things and had accused the malcontents with being either "malicious" or "hoodwinked, silly persons." Mr. Guthrie, speaking for the College of Physicians, gave the most contradictory evidence, shewed that Wakley was perfectly within his right in speaking of the Council of the Royal College of Surgeons as a "self-perpetuating junto," its "education useless, and its examiners not fit or proper persons." His evidence was perfectly conclusive, but conclusive against the condition of things he strove to defend.

The following year Wakley entered Parliament ; always on the Liberal side, one of his first acts was to defend some of the earliest trades unionists, and to procure their pardon. In 1836, in a debate on the Mutiny Bill, he supported Daniel O'Connell in pleading for the total abolition of flogging in the army, and it is interesting to record that the majority of military men and the members for garrison towns supported him. Besides this, and other reforms which he advocated, he was successful in his effort to get smallpox inoculation made illegal. In the year 1839, one of the most important events of his life, both for himself and the

public, occurred. He was elected coroner of West Middlesex, the first medical man ever selected for the post. This was one of the many questions on which he had long held strong opinions; the absurdity of the verdicts brought in and the rarity of inquests having often astonished and disgusted him. When, for example, we find it on record that the death of an infant from over-dosing with mercury was brought in as "Death by the visitation of God, and not in consequence of any neglect on the part of any person or persons," it is evident that, at that time at least, a medical coroner was an absolute necessity for the safety of the public.

True to his traditions, Wakley at once began to introduce reforms, and as a commencement, issued a series of regulations as to when the coroner must be notified of a death. The most important to us, in relation to hospitals to-day, was the rule that, whenever a woman died either in childbirth or a few hours after, an inquest was necessary in order to ascertain if the death were due to natural causes, or to neglect or mismanagement of any kind. Important as this rule must seem, and wise as all the others likewise would appear, they called down a fresh storm of abuse and rage on Wakley's head. Hospital officials declared they contained a "deliberate insult to the medical profession," and that part of the medical profession, and that part of the medical press which in many cases had found its interests seriously

interfered with by Wakley, now made its voice heard in condemnation of these rules, asserting that they were dangerous to the profession, which they would be used to overawe, precisely as the *Lancet*, by its fierce attacks on hospital management, had in the past been used to overawe all who had charge of those institutions. Naturally all this mattered little to a man who had ever wisely regarded the abuse of the upholders of abuses as the highest form of praise, and it was not long before the general public had an opportunity of judging what a valuable acquisition, not only West Middlesex, but the whole British Empire, had made in the appointment of its first medical coroner.

In 1846, Frederick John White, a trooper in the 7th Hussars, was sentenced to be flogged for grave insubordination. The punishment, which was very severe, took place in the presence of the Colonel and of a certain Dr. Warren, who, it seems incredible to state, permitted the man to be flogged after seventeen hours' deprivation of food, and further allowed him to be refused a cup of tea, for which he asked the sergeant in charge of him, as he walked to hospital after the punishment. Even supposing Dr. Warren was not absolutely cognizant of these extra strains put on a man subjected to severe suffering, it is impossible to acquit him of grave neglect of his duty; his presence implying that no undue demands were made

on the strength of the offending soldier, it was imperative that he should ascertain his condition previous to and subsequent to the punishment. The end of the story was, that after recovering somewhat, and manifesting a great deal of pluck, White fell ill and died, nominally of some affection of the lungs. Only after several days did the matter reach Wakley's ears—he instantly insisted on holding an inquest, and on a further examination being made of the unfortunate man's remains. For this purpose he summoned Mr. Erasmus Wilson—afterwards Sir Erasmus Wilson—to his aid. The *post-mortem* convinced Wilson that even though White might have died, as stated, of some lung disease, yet that the mischief was itself due to flogging, and he reported accordingly at the inquest. Wakley now was able to do more to crush out this shameful practice than O'Connell and he would ever have been able to do in the House of Commons. He appealed to the public, and raised such a storm through the country that flogging, though not absolutely abolished till the year 1881, yet became so hedged in with provisos and was so rarely and carefully inflicted, that its official extinction when it came attracted little notice, it having already virtually ceased to exist.

So Frederick John White did not die in vain, and, like many another, though unwittingly, did a greater work by his death, than he could ever have done by his life. Even on this memorable occasion,

Wakley's enemies, those whose interests he had attacked, those who clung to the abuses he was steadily undermining, could not forgive him, and of the whole press the only paper which did not support him was the *Medical Times*, which abused him and Erasmus Wilson with vigour, and vowed the whole thing was got up by Wakley for electioneering purposes.

In the year 1848, a select committee of the House of Commons was appointed to consider the question of medical registration, and Wakley had the satisfaction of cross-examining the President of the London Corporations on their methods. This must truly have been a triumphant moment for him after his long struggle with them, during which, to quote the *Lancet*, "he passed from their contempt to their hatred, from their hatred to their fear, from their fear to their respect, and from their respect, in many instances, to their friendship."

Just ten years later, when the General Medical Council was instituted, he again shewed his prescience, in advocating a greater amount of direct representation of the profession on it, exactly what the rank and file has since called out for ; a demand which has excited violent heat and much unparliamentary language (quite worthy of that used during Wakley's many struggles) but which has not yet, as far as I know, been conceded by the powers that be.

Much more might be told of this remarkable man ; the interesting points of his career are very numerous, and are not merely confined to his medical work ; in fact even those who, as a rule, care but little for medical matters, would find a perusal of his life, as told in the pages of the *Lancet* for 1896, amply repay them for the time spent on it. But it is with his work for hospitals and public health that I am concerned ; I am therefore compelled to close my notice of him by quoting in conclusion the words spoken of him by a great surgeon : " When Wakley began as a journalist," said Sir John Erichsen, " corruption, jobbery, nepotism, promotion by purchase, were rife in the colleges and hospitals, and medical education was at a low ebb." " By his outspoken and fearless denunciations of these abuses he brought about their reform."

He was a grand man, and if he at times approached certain questions from the point of view of how they affected his own profession more than from that of the general public, who shall blame him, or gainsay, that in his battles the interests of the public were on the whole identical with those of the profession, and that therefore the *esprit de corps* which animated him was a source of good and not of evil ?

IV.

IN perusing the life of Thomas Wakley, the first and chief fact we learn is the immense power of

individual effort. No doubt the times were ripe for a revolt against the great abuses in the medical profession, and therefore in hospitals. No doubt Wakley, in his father-in-law, as well as in Cobden, and in many who both worked with him and gave him their moral support, had inestimable assistance. Nevertheless the fact remains, that without his indomitable courage, his indifference to abuse, his absolute fearlessness in face of the gravest responsibilities, his readiness metaphorically to throw away the scabbard when he drew the sword, the great changes which were wrought in his life-time would either not have been wrought at all, or would have been greivously delayed. Another lesson we may learn is that eighty years ago, the condition of hospitals was causing much the same sort of dissatisfaction it causes now, only in a very exaggerated degree; and that Wakley, who was well placed for judging, perceived that the root of the mischief was to be found in the unsatisfactory condition of the medical profession. And here precisely it is that we must seek to-day for the cause of much which is raising distrust and discontent in the public with regard to hospitals.

That the staffs have again, as in Wakley's time, come to regard the hospitals as existing more for their benefit than for that of the patients, there is good ground for suspecting, That the idea is sedulously spread, that the well-to-do classes should support hospitals, on the ground of their being

training schools whence may issue physicians and surgeons who may use for the benefit of the rich, the knowledge gained on the poor, no one can deny. That only certain men can hope for advancement from the patronage of that inner circle which still exists in, and largely rules, the medical world, as it did in Wakley's day, we know. In his day, relationship to the leaders in the profession was almost a *sine quâ non* of success. Now-a-days the requisite qualification is a readiness to accept the shibboleths and the course of action laid down by those leaders who desire to make the medical profession an engine, whereby its members may become a privileged, dominant class, a State department—that it may, in fact, assume the *rôle* sketched out by Professor Burdon Saunderson when he said: "Whatever interests conflict with public health, they must give way to it. It is our duty to insist on the right of science to dictate."

This is but the old claim put forward by priests of all denominations, and in all ages; and bad as nepotism is, bad as it is for advancement in the medical profession to depend on medical influence and connections, it is not so bad as for it to depend on obedience to the fiat of those who pose as priests or prophets, speaking in the name of a great ideal which in their hands is being prostituted, and used as a stepping stone to the attainment of despotic power.

Possibly it may be alleged by some, that whereas Sir Astley Cooper and his friends did but seek emoluments and fees, the present leaders of the inner circle of the medical world seek no such selfish object ; their sole desire being the relief of suffering humanity—that if they appear to seek power, it is but with this object—that it is for this alone they spend their time in the hospital ward, the lecture-room, and the laboratory. Their influence in hospitals to-day, we may be told, can therefore in no wise be compared to the damaging influence of the nepotism and money seeking which so exasperated Wakley, and which led even to such terrible results as the sheltering of the unsuccessful hospital surgeon at the expense of the patient.

To me, when examining any institution or practice in which abuses seem to exist, it is more satisfactory and convincing to seek evidence from those who are likely to be favourably disposed towards the institutions or practices under discussion, than from those who regard themselves as their natural opponents. Therefore I shall turn for evidence as to the present position of hospitals, and of that portion of the profession most closely related to them, to medical men themselves, and will ask them to say whether now, as in Wakley's early days, there is a disposition to regard the interests of the officials as primary, and those of the patients as secondary.

And first I would call on Mr. Brudenell Carter and Mr. Timothy Holmes—than whom I can hardly summon any higher authorities—to state what in their opinion is the chief use of hospitals. “The greatest use of hospitals is to promote the advancement of medical science,” is Mr. Carter’s reply. Mr. Holmes carries us a step further: “The chief use of hospitals,” he says “is that they should teach practitioners of medicine and surgery.” . . . “First, a hospital should be a place of medical education; secondly, for the relief of suffering; and thirdly, for the training of nurses; all of which objects should be considered in due proportion by those exercising their management.”

These replies are clear enough; but they are rendered even more clear in meaning by a letter addressed in 1882 to the *Standard*, by Dr. A. de Watteville, who explained in simple language, understandable by the least instructed, what these statements as to the paramount use of hospitals signify and entail. “I think we, as medical men,” he wrote, “should not attempt to conceal from the public the debt of gratitude they owe to the *corpora vilia*—for such they are, and will be, as long as the healing art exists and progresses. So far from being a reason why moral and pecuniary support should be refused to the hospitals on the ground that their inmates are made use of otherwise than for treatment, there is even ground why more and more should be given to them in order to com-

pensate by every possible comfort, for the discomfort necessarily entailed by the education of succeeding generations of medical men, and the improvement in our methods of coping with disease."

In condemning this, to my mind, outrageous demand, I nevertheless must grant that it is logical though outrageous; for granting his premisses, Dr. de Watteville's conclusions are undoubtedly unassailable.

But this view of the primary use of hospitals leads again a step further, and necessitates the reservation of the beds in the hospitals, for cases which may be useful from an educational point of view. This practice I heard recommended, even insisted on, at the very first hospital meeting I ever attended; and though it seemed astounding and shocking to my then untutored mind, it not only is authoritatively put forward, but it is acted on. Several years ago, at the Social Science Congress at Nottingham, Dr. Gilbert Smith spoke as follows: "If such and such cases, which are useless for instruction, were refused admission to clinical hospitals, the existing number of beds would be found to provide a far richer material for the purpose of clinical instruction." And in a very interesting address on the hospital question delivered by the late Dr. Campbell Black, this proceeding, though utterly disapproved of by him, is stated to have been carried out at an institution

to which he was attached. He says that by the side of the out-door physician or surgeon "stood one of the acolytes of 'the house,' whose duty it was to intercept the admission of any one unlikely to constitute an interesting case to his 'chief,' to illustrate some fad on which he might be at the time engaged, or likely to reflect some *kudos* on his genius. How often have I reflected on the satire—the wicked satire—of a 'Christian benevolence,' which ruthlessly drove from its portals some wretched outcast in the tyrant grasp of phthisis, to die in some close, under some hedge, or go and drown himself, because he was not an 'interesting case' to some upstart whom accident or servility, and not merit, made a hospital physician or surgeon. There is another well-known reason for this system of 'weeding at the gate,' *viz.*, the desire to keep down the death-rate of given wards, where some fad is being boomed, or some astute adventurer advertized."

Here is a presentment by medical experts of the professional view of how hospitals should be, and of how they are used. But this is not all they have to tell us; there are other illusions which, if we seek further evidence from medical witnesses, we shall also be forced to renounce. Any layman asserting such a heresy as that hospitals now, as in Wakley's earlier days, are too often regarded as existing more for the benefit of the officials than of the patients, would be in-

stantly met by the reminder, that the men who give their time and labour without reward, in treating the sick in hospitals, disprove, by their charitable and self-sacrificing work, charges which display as much ignorance as ingratitude. Now I should be the last to deny that a great deal of unpaid and truly charitable work is done by the medical profession; indeed, were it otherwise, medical men would have to be far less kind and compassionate than men generally are—if, seeing suffering and poverty, they declined to relieve the suffering on account of the poverty. But that this charity is the cause of men being ready to fill posts at hospitals is disproved by again calling on medical evidence.

At the meeting of the British Medical Association in 1895, Dr. Hugh Woods expressed himself very strongly on this matter. He said it was not “through any spirit of ill-regulated philanthropy” that we find the ablest medical men seeking to give their services gratuitously at hospitals, but simply “from motives of ordinary self-interest” that they give free advice to all comers. “Omitting the philanthropic motives which are so largely dilated on in Hospital Sunday Sermons, and at hospital dinners, the chief motive for undertaking gratuitous work in connection with hospitals, beyond that of self-advertisement, is the desire for gaining experience, skill in operating and the like. Such motive is an honourable one and deserving

of praise, but it brings with it special temptations and special dangers to the public. All that the doctor has to gain by his treatment of patients is increase of experience, skill and reputation. The patients are most of them strangers to the doctor, and the patients and their friends frequently do not even know the name of the attendant doctor, hence it arises that we find cases where the treatment is not such as would be adopted in private practice. Undoubtedly, for instance, some surgeons operate in hospitals for the cure of disease, when the danger of the operation is so great, that it is not justifiable in the interests of the patient. To operate with a death rate of ten per cent. for the cure of uterine reflexion would seem to me unjustifiable, yet it has been done at a London hospital with a death-rate of over eighty per cent." Dr. Woods further told of a working woman suffering from an injury to the finger, and who, while attending at Guy's Hospital for some considerable time, was at each visit seen by "a fresh young gentleman," one of whom at length told her, if her finger (which was kept in a splint) did not improve by the next visit it must be amputated. "Before agreeing to this," continued Dr. Woods, "she went to a qualified doctor, who removed the splint, advised passive motion and rubbing with liniment, and in a week the finger was well. I do not accuse the qualified staff of Guy's Hospital of being ignorant of the ill-effects of keeping a stiff joint

too long in a splint. I believe the young gentlemen were students, and Guy's Hospital is not the only one where students treat patients without any proper supervision." These last charges lead us directly to the sad story of the Chelsea Hospital for Women. It will still be remembered that in the year 1894, owing to the high death-rate after certain operations at this hospital, the wards had to be closed, and the Committee found itself compelled to appoint a committee, for the investigation of the charges which were being freely circulated at the expense of the institution. This Committee—composed of Lord Balfour (Chairman), Lord Sandhurst, Sir Charles Dilke, Sir John Williams (representing the Royal College of Physicians), Mr. H. J. Howse (representing the Royal College of Surgeons), and Mr. J. H. Brass—reported "That the mortality from ovariectomy, 19·3 per cent. is nearly double the average mortality after this operation. That, from hysterectomy, 85·7 per cent. would, if it were general, be prohibitive of this operation, especially when it is borne in mind that fibroid tumour is rarely fatal." . . . "With regard to exploratory operations we have already observed that in five out of the eight cases no disease was found, or no organ sufficiently diseased to demand removal. Circumstances such as these, with a mortality of 44·4 per cent. render recourse to this method of diagnosis unjustifiable."

Far from the revelations on which this report

was founded causing the universal outcry one would have expected, the Medical Officer of Health, Dr. Parkes, who had largely helped to bring these matters to light, was sharply taken to task in some quarters. Curious to relate, just as, in 1846, the *Medical Times* had alone of the whole press attacked Wakley, when he proved that the victim of the Hounslow flogging case had died from the results of judicial cruelty, so in the *Medical Times* on this occasion appeared an article in the following terms: "What right," it said, "have Medical Officers of Health to interfere with the work of hospitals? If Dr. Parkes' lead is to be followed throughout the metropolis, hospital work on its present lines will become very difficult. Who would dare to perform an exploratory operation on a man or woman, if, after the patient dies, the Medical Officer of Health is to be allowed to turn his bull's-eye lamp on the proceeding, and discuss the justifiability of the proceeding? . . . 'If medical officers become inquisitive, it seems not improbable that medical staffs may think it necessary to suppress all reference to operations when filling in the death certificates.'" The *British Medical Journal* also had a most unsympathetic article on the subject, rebuking the suggestion made in some quarters that inquests should be held when death follows operation in hospitals, and stigmatizing it as "ridiculous." From all which it would appear that if a Wakley came among us now-a-

days, he would find plenty of scope for fiery attacks and denunciations, and would in many points be able to pretty well repeat what was said by his predecessor more than seventy years ago.

In other matters also the principles of that period are still alive, though the details are different. In those days we are told that, without medical connections and influence, the greatest talent found itself handicapped, and had often to stand aside, and allow inferior merit to pass by, in pursuit of those coveted prizes, to which merit alone could rarely attain. To assert that the same kind of thing is still true, would be to make oneself a target for many missiles; and yet it is so, though family influence is not now the all-predominating factor of success. To-day this factor is obedience to the powers that be; willingness to part with individuality and to become but a member of a great organization; therefore readiness to accept dogmas put forth by the inner circle of the profession, to which, if a man refuse to bow, it will go hard with him, no matter how high he may stand, no matter how talented or skilful he may be.

To repeat what has been said of the action towards Wakley of the upholders of abuses of his time, he will be exposed to all kinds of hindrances, to all kinds of opposition, even to abuse and slander, and if these fail to reduce him to silence and obedience, it will once again, as in Wakley's case, be darkly hinted that he has a past.

A very striking example of how absolutely obedience is demanded was afforded, on the occasion of the delivery of the Harveian oration in 1892. A few weeks previously, at the Church Congress at Folkestone, the question of vivisection had been discussed, with the result that the supporters of the practice, which is one of the shibboleths of the inner circle, were in a greatly irritated condition. Dr. Bridge, the Harveian orator, naturally supposing that his duty was to speak what he held to be the truth, stated that he did not accept the claim that Harvey had discovered the circulation of the blood by vivisection: he was aware it was put forward as a potent argument for vivisection, mostly to uninstructed audiences but if Harvey's manuscript notes regarding his discovery were consulted, it would be found that vivisection had not done much for him—that he used it to show to others what he had discovered without it. Great was the indignation this aroused—one medical organ absolutely suppressed the oration *in toto*, though commenting on it severely, and remarked that it was “injurious” to make such a statement when anti-vivisectionists were “rampant.” That Dr. Bridge was stating what he believed to be a simple historical fact was quite overlooked. That he held what he said to be the truth, was not only ignored and treated as an utterly irrelevant detail, but his action was declared by one critic as “a pretty use to which to put the

temporary occupancy of the chair of Harvey, in Harvey's own College."

This example suffices to show that if so prominent and well-established a man, as an Harveian orator necessarily is, can only refuse to sacrifice truth to the dogmas set up by those who despotically rule the profession, at the cost of finding himself suppressed, attacked and roughly handled, any man not holding so independent a position would be given short shrift were he to refuse obedience, and decline to pronounce the medical shibboleths of to-day.

Here then is a picture of hospitals and their rulers as painted by medical experts; a picture the truth of which it is useless for outsiders to deny. I have not sought evidence from those who are either ignorant of, or hostile to the profession, but from its own members and those organs which profess to represent it. They all tell us the same story. The profession, and therefore the hospitals, once again stand in dire need of reform. Who is to reform them? Certainly not those who, depicted by themselves, made such a poor figure in the first part of this essay. Reform must, I fear, come from without, as has been almost invariably the case in the history of abuses. But how can the public undertake such a task, without running the risk of making things even worse than before? For should outside interference end in making hospitals State supported or State managed, things

would be almost certain to become more unsatisfactory than they already are. What is wanted is more individual action, more readiness to face responsibilities. How is this to be encouraged? My thoughts suggest two or three questions.

Is it possible to put in action any already existing laws, and also by slight modification enable other existing laws to be used for the better control of hospitals? Is it possible that without interfering with the just rights of those who maintain hospitals, there might yet be power of appeal to some already constituted authority, whereby the disposition to individual initiative might be encouraged, the authority having no power of undertaking any investigation except it be appealed to, the initiative not proceeding from it, but from individuals? Wakley's life teaches what individual action can do with regard to hospital abuses; is it not possible to encourage such action, which is, after all, the most healthy method of dealing with abuses and their reform?

Finally, is it possible for the public to take any action which may tend to cultivate a sounder spirit in the medical profession than that which, from the statements of medical men, apparently at present exists? Until some change is brought about in the profession, until a higher tone pervades it, it is hopeless to expect hospitals to be in a satisfactory condition. It would seem as though some factor were at work which is tending to the

development of the lower, not of the higher qualities in the profession, or its own members could hardly have drawn such painful pictures, in some cases of themselves, in others of their colleagues, as they have drawn in these pages. If such a factor exists, is it possible to discover it and to remove it?

V.

In treating of the reform of the hospitals of to-day, we find, strange to say, two parties urgently demanding it, yet entirely hostile the one to the other. Though, undoubtedly there is a demand for reform on points which both parties necessarily touch, yet in their modes of approaching those points they are absolutely antagonistic. In one of these parties which are calling for reform, we find those medical men who most resent any interference of the public in medical matters, who regard hospitals as belonging to themselves or their order, and whose dissatisfaction with the present conditions entirely arises—if one may judge by the statements on the subject which appear in medical organs—from a conviction that hospitals, as at present managed, are detrimental to the profession, by attracting (especially in the out-patient department) many who are able to pay fees which, if not large, would at least suffice to render many a medical man's career less troubled with pecuniary anxiety than it now is. For it must be distinctly recognised, that—in spite of a statement

to the contrary made in 1891 by Mr. (now Sir Victor) Horsley, the profession is far too full, so far too full that (were not interference with individuals' free will, in the management of their lives so detrimental, as to be, almost invariably, more dangerous than the evil sought to be corrected) it would seem a mercy if many who now are seeking to qualify for the profession were restrained, and if some check could be put on the number of men entering the schools.

But to return to hospitals and the two parties who are demanding their reform. On two points, first, the reception of too large a number of out-patients, and secondly, the reception of persons, either as in or out-patients, whose circumstances do not justify them in seeking charitable assistance, they agree. They both object to such proceedings. But there their agreement ceases. Nevertheless, each party has to reckon with the other, and to my mind, the sooner they face this fact the better, not only for themselves, but also for the object they have in view, whether that be prospective fees or the better treatment of patients. Now, inasmuch as this last is what I regard as of paramount importance, when thinking over these matters, it is to this that I shall turn my thoughts, while at the same time feeling very great sympathy, with the terrible stress present arrangements put on many practitioners. And my thoughts force me to the conclusion that, if those who feel convinced that

things in our hospitals are not going too well with the patients, really wish to get some hold over the circumstances which seem likely to be a source of danger in any way, the very first thing they should do, is to endeavour to get a change in the law regarding privileged communications, and the second thing they should do, is to get the law regarding inquests carried a step further on Thomas Wakley's lines, whereby the coroner should be notified of all deaths in hospitals occurring within a certain time limit after operations of any sort.

No reasonable objection can exist to either of these suggestions. The report of the Chelsea Hospital for Women, showing death-rates of 44.4 per cent. in one operation, and 85.7 per cent. in another, are quite sufficient to prove the necessity for inquests in cases of death after operation; while the necessity for a rectification of the law regarding privileged communications, is amply proved by the fact that, as the law stands now, if the secretary or anyone on the staff of a hospital feels dissatisfied with what is going on, and mentions his misgivings, or makes a protest to the authorities of the hospital, he does so at his peril, laying himself open to a charge of libel. If the right of privileged communication is not allowed to officials in hospitals, how is it possible for committees really to know what passes in the wards and the operation theatre? And how is it possible for them to discharge that most onerous duty of

guardianship of the patients committed to their charge? Of course there are members of committees who would be but little obliged to any official who should inform them of unpleasant suspicions aroused, or of mismanagement actually occurring; but there are others who desire to do their duty, and to guard the interests of the patients as carefully as if they were their own. At present this is impossible. I am not for a moment supposing that such a change in the law regarding privilege would often be made use of, but until there is the possibility of making privileged communications should occasion arise, the patient's position is not safe; there is absolute proof of that. As to the likelihood of the privilege being used unfairly by one medical man against another, that need hardly be anticipated, inasmuch as we are constantly told that medical men are so strictly honourable, that trusts denied to other classes of the community can be safely placed in their hands.

Now in asking for these modifications there would be nothing very new, nothing very difficult to grant. Wakley's regulations regarding inquests were fiercely attacked by his opponents, and no doubt any person or persons asking for further extension of those regulations would also be a good deal abused. But once the change was made, matters would settle down, just as they did in Wakley's day, and everyone would be satisfied, just

as after a while they were satisfied with regard to Wakley's regulations. Besides, no one can ever hope to make any useful move for the reform of abuses, unless the reformer be quite ready to take his or her share of abuse, which abuse, however, in a later day, often changes into high praise. Had this extension of the law regarding inquests existed, the sad Chelsea story never could have come to pass, for the mischief must have been checked long before it had assumed such terrible dimensions. These two suggestions have to me the attraction of not initiating any new legislation. Neither do they introduce any new principles, any new methods; they simply entail a slight modification of existing laws, and, being made absolutely in the interest, not of those who would use them, but of those whose position prevents them from helping themselves, they would be as free from any likelihood of abuse, and of leading to abuses, as any rules framed by the human mind ever will be.

Following on these, another suggestion presents itself to me, indicated almost by the Home Secretary on the occasion of the application made to him to investigate the condition of the Chelsea Hospital for Women. He said (to quote from the *Star* of October 1st, 1894) "that the report of the Committee of Enquiry appointed to investigate the charges against the hospital, revealed a state of things most discreditable to its management,

and especially to the medical staff. He did not, however, think a further enquiry would secure any useful object, nor had he any jurisdiction, under statutory powers, to order any official investigation." Now the Home Secretary here appears to me to put his finger on one of the very points requiring reform. If neither the Home Office nor any other authority responsible to Parliament has the power to investigate the gravest charges made against a hospital, then the Home Office or some other such authority should have the power, or rather the duty, on appeal being made to it, of doing so. I should be the last to advocate the Home Secretary, or anyone else, having the right of interfering with hospitals, or mixing themselves up in such matters on their own initiative. But, most distinctly, a power of appeal to the Home Secretary, or to some other already constituted authority, answerable to Parliament, should be possessed by the Committee and the Governors of hospitals on behalf of the patients ; and I think it is more than an open question if the public itself became convinced that evil conditions exist in a hospital, whether the Home Secretary or other already constituted authority should not, on application being made, accompanied by a full statement of the grounds on which the application is made, be empowered, or better, be obliged to investigate and take evidence on oath, as to the condition of such hospitals. Neither is it only the

patients who would benefit by such a change ; hospitals themselves would do so equally. Had it been possible to appeal to the Home Secretary or other authority, and demand an examination on oath regarding the Chelsea Hospital for Women, the tales circulated against that institution could not have obtained the currency they did obtain, for the hospital would have been able to clear itself from the absurd and outrageous charges that were made against it. One more unobjectionable safe-guard equally for patient and surgeon would be obtained, were the patient's written consent imperative, in all cases of grave operation, where the conditions rendered it possible to give or refuse it.

I am the more disposed to believe that in the foregoing methods lie our best hopes of making a beginning in the immense undertaking of a reformation in our hospitals, inasmuch as they are not sensational, do not set up any method of superseding the control which the Governors of a hospital ought, in my opinion, to possess, do not call any new power into existence, do not encourage the creation of faggot votes, and finally give no municipal or imperial authority any right of control whatever over hospitals. These methods are based, not on theory, but on experience of evils, which have manifested themselves, and would have been prevented, had these methods of grappling with them already existed. Also, they

would at once, and directly, affect the position of the patient, and this, it appears to me, must without delay be safeguarded, at least to some extent, in consequence of what we have learned of late from medical and other sources. Any attempt to take up the reform of hospitals on too large a scale, as a first step, would be doomed to failure. It is too big a question for it to be possible to settle it quickly ; each hospital would have its own special difficulties, and, meanwhile, the patient would remain, undoubtedly, a secondary consideration ; once let the patient be made comparatively secure, and then time and thought can be devoted to a reform of the whole question.

In the year 1890, there was a very valuable example afforded to us of how well-meant efforts for reform may fail, when a Committee of the House of Lords sat to enquire into the condition of hospitals. Much of interest of course was elicited, but what was most striking in the enquiry was the amount of valuable information which the Committee allowed, so to say, to slip through its fingers. It got at facts that should have been held fast and followed up—statements pointing to a good deal more than was absolutely asserted. These things were suffered to escape, and the curtain after having been lifted a little was allowed to drop, the Committee, albeit its chairman had for some years sat on a hospital board, being too unaccustomed to the work it had undertaken, to

be able to ascertain what it was seeking. Thus, after much trouble on the part of the members of the Committee, and after much time had been spent in the enquiry, little good, as far as I am aware, came of it to the hospitals. Of the interesting facts elicited, but not followed up, one is well worth recording, namely, the evidence of the late Mr. Brodhurst as to the cause of a good deal of the perennial impecuniosity of hospitals. This gentleman, member of the Medical Teachers' Association, (whose object was to improve the conditions of the hospitals and schools), holding appointments at St. George's and the Chelsea Hospital for Children, and having at that date been in private practice for thirty-nine years, gave it as his opinion that it was a disadvantage for schools to be connected with hospitals. "The hospitals," he said, "are now mere adjuncts of the schools; in consequence of schools being attached to hospitals, the management is in excess of that which is needed for the poor. . . . Every new instrument, medicine, splint, or knife, must be tried for the sake of the students. Every surgeon has what he chooses, at the expense of the hospital. As the hospitals were not established for the schools, and the schools are not necessary for the hospitals, they ought to be removed from the hospitals, which ought to be conducted *as formerly* (*italics mine*) for the good of the poor. The funds left for the general hospitals were left for the poor,

and if the donations were properly used all the hospitals would be rich. The donations were made solely to benefit the hospitals and the poor, and there was no thought of benefitting the medical schools, which are private institutions, even when placed on hospital ground, and are bought and sold."

This statement of the disadvantage of having schools attached to hospitals, and the impossibility, as long as they are so attached, of preventing funds, subscribed for the hospitals, from being diverted to the use of the schools, was, like other valuable information, allowed to pass unheeded, the Committee not being, as already said, qualified to use the facts placed before it. And this would be the same again, were a Commission of any sort instituted, unless, by some lucky chance, such Commission or Committee had at its disposal some one well acquainted with the weak spots in hospital management, and who was also, I must add, truly desirous of bringing about reform in the interest of the patient. This was what happened in 1834, and again in 1848, when the Committees of the House of Commons appointed in those years had the invaluable assistance of Thomas Wakley, who knew precisely the weak points in his adversaries' armour, and likewise knew, when by cross-examination these flaws had been brought to light, how to utilize the evidence obtained. Unfortunately any Commission or Committee appointed at

this moment would possess no such advantage ; thus any attempt to seek reform by this means would probably fail. I lay stress on this particular, because in spite of the wise words of Mr. W. E. Gladstone regarding the unfitness of Royal Commissions as a means of eliciting truth, the general public, when seeking to reform abuses, is easily led into accepting a Royal Commission or Committee of some sort as its best hope ; too often with the result that the condition is worse at the end than it was at the beginning, in so far that, though nothing useful may have been done, the public rests content that something has been done, and that something must have done good. Therefore the very unsensational form my suggestions assume, the fact that there is nothing in them to supersede individual responsibility and initiative, would render them the less likely to lull the public into that satisfied frame of mind, which all supporters of abuses so thoroughly enjoy, and which is so ruinous to all chance of reform.

But, of all the changes most needed, the only one in fact which will really place our hospitals on a sound and healthy basis, is a reform of the medical profession itself. We have seen that in his evidence before the Lord's Committee, Mr. Brodhurst said that hospitals ought to be conducted *as formerly* for the good of the poor, thereby pointing out that a change has of late years come over the spirit of the medical profession. To show

what that new spirit is, we need go no further than the statements above recorded as having been openly made by various medical men. These, prove, better than any argument, that a fundamental reform is imperatively required. We have found men in high positions, precisely the men with whom a Royal Commission on hospitals would take counsel, using language and making charges against each other which would, not be tolerated in any well behaved society. We have found medical men of the same rank, speaking coolly of hospitals as though they were merely medical schools, and as though the patients' chief business in them was to offer opportunities of study and practice to themselves and their students. We have found the exclusion of the sick from the wards advocated, and carried out, in order to provide "richer material" for instruction, by selection, not of the most suffering, but, of the most instructive cases for the medical man. We have seen that sincerity is not the thing desired in men chosen to pronounce orations before the most illustrious assemblies of the profession, but a slavish obedience to shibboleths, be they true or false in the opinion of the orator.* We also, who know anything of what goes on in the profession, know how medical men will be put back, how they will lose useful patronage, how patients will

* To such an extent has this been carried, that only a few years ago (in 1897), an eminent Professor lost his appointment through making light of one of these shibboleths.

be kept from them as far as possible if they respect their own individual right of private judgment, and refuse the creeds upheld by the dominant inner circle, which now, as in Thomas Wakley's days, rules the profession. The medical man being, after the patient, the most necessary part of a hospital, it will inevitably take its code of professional morals from him. Thus as long as we find medical men upholding that the patient is to be regarded chiefly as material for research or study, so long shall we find nurses upholding the same doctrine, and even at times maintaining, as I have heard a lady nurse publicly maintain, that there are many patients in our hospitals whom it would be "better to kill than to cure, and who therefore might be used in the interest of science." I may add to this declaration, which may possibly astonish some of my readers, that a medical man was present and took no exception to it whatever.

While, however, asserting that the most necessary factor in hospital welfare is the high standard of conduct, towards the patient, upheld by the medical man, I am aware that the changes necessary to raise this standard to the required height cannot be brought about in a day. From the statement of its own members we know that the present condition of the medical profession can only be reformed by perseverance and determination on the part of the public. To my mind the first and most necessary reform would be, if the

profession could be induced to return to the sounder methods of what I may call the English school—that school which can show hospitals unrivalled by those of any other European country; surgery whose conservative character sharply contrasts with much found abroad, and sanitation which, according to some of our Continental judges, has placed us two hundred years ahead of them.

We have seen that at the meeting, in 1896, of the British Medical Association, Dr. Brindley James said we did not want any further servile imitation of foreign academies, for "We want our doctors to be humane to their kind." In saying this, Dr. James pointed out, as clearly as did the Home Secretary in his reply regarding the Chelsea Women's Hospital, in what direction we must look for reform. At the present moment, the Continental methods of the physiological and bacteriological laboratory dominate English medical study; by such methods alone, it is asserted, can we attain to medical science. Now science is but knowledge, absolutely reliable and classified, based on clearly proved facts. But used as it often is to-day, the term science means but hypotheses, founded on a narrow and unreliable class of facts, if indeed anything so constantly shifting can be called "facts" at all. What is called medical science to-day means whatever each experimenter on the living tissue may chance to find and accept as correct. This may sound ridiculous; yet it is

true. If we take up any of the medical scientific publications of to-day, we shall find that almost all their facts are based on how certain animals respond to certain experiments, or how certain medicaments or poisons affect certain animals. But if we read further, we shall also find it repeatedly stated that one experimenter differs greatly from another, that some cannot make their results tally at all, until finally, in despair, we are driven to accept Professor Rutherford's statement before the Royal Commission on Vivisection, that "The experiment must also be tried on man before a conclusion can be drawn." Dr. Preston King, in a letter to the *Lancet* of 30th September, 1905, has said the same thing in advocating the vivisection of criminals condemned to death. This is precisely what I do not call scientific; some persons seem to imagine that science may be a changing quantity, provided we attempt to attain it by some special method of procedure, just as some persons pronounce music to be classical, provided that it has no tune but plenty of discord. I have therefore thought it well to explain that science can only claim respect if it be true science, *i.e.*, if it be exact knowledge classified and based on facts so clearly proved and so continually reliable, that on them we can safely base our practice. Unfortunately it is the fashion to discard exact knowledge nowadays, in favour of constantly changing laboratory results. This is

the method of the Continent. There the laboratory reigns supreme, and when the researchers have come to the end of what the laboratory animal can make them believe they understand, they proceed on the lines sketched out by Professor Rutherford, and carry on their researches, perfectly logically, I admit, on the hospital patient.

Now the sight of, and familiarity with suffering, so long as a medical man or surgeon is bent on alleviating it, need not harden his heart nor do him any harm; for we never must confound an iron nerve with a hard heart. But if for a moment he loose sight of his paramount duty to alleviate that suffering, owing to the interest he feels with regard to the circumstances causing, controlling and resulting from that suffering, he is undoubtedly in serious danger of becoming callous, and is, so far as he becomes so, unfit for the position of a hospital physician or surgeon. Of course all sorts of interesting things turn up in hospital work far more than in private practice, and this is one danger the hospital patient has to meet. Far more often in hospital than in private practice is the medical man tempted (for it is a temptation I perfectly admit) to forget the patient and to see only the case from which he may learn something. But nothing which he may encounter in the wards will unfit him so thoroughly for resisting this inevitable temptation, as will work on the present day lines in the physiological

laboratory. There his business is to extract what hints and suggestions he can from animals who, however nominally they may be under the influence of anæsthetics, cannot really be so. They may lie like logs, they may suffer themselves to be cut about, and have their divided nerves stimulated to the utmost by electricity, and may appear perfectly unconscious, but I know too well what may really be called the tricks of the trade not to be aware that it is an apparent, not a real unconsciousness, and the operator knows this as well as I do. Here then we have the medical man deliberately causing what he knows to be intense suffering, often for hours together, with no intention whatever of alleviating it, but regarding it either as necessary to his experiment, or as a *quantité négligeable* so long as the animal cannot hinder his work by its struggles; protracting it even as long as it suits him to do so, and only distressed if the animal succumb before he has ended his experiment. When all is done, what has he learnt? He has at best got at some suggestion which, however, to be proved correct, must be tried on the human subject, and this corrective, as is openly admitted, has been administered, and the human subject has been used to test the value of laboratory work here and abroad—but the most aggravated instances have occurred abroad.

This is why Dr. Brindley James warned us against servile imitations of foreign academies, which will

do us no good but rather harm ; and he says truly. If we want the patients in our hospitals to be safe, we must put a stop to all these imitations of foreign ways. They already are carried on in most of our medical colleges and schools. We have seen how, notwithstanding the reiterated complaints of the evil effect of the new methods of study on the newly fledged medical man, the more interesting methods of the new pathology are drawing away the students and the profession from the sounder methods of the older school ; but this is not all. When we read of the experiments on the human subject reported by Dr. Ringer, by the late Dr. Bristow and others, when we find the *Lancet* hoping that the Ohio vivisectors may not allow themselves to be interfered with by the Ohio anti-vivisectors, albeit the last defeat of the Ohio vivisectors was when they failed to pass a Bill through the legislature, by which they would have become possessed of living criminals for the purposes of experiment, we perceive the damage these methods are also doing among us, and must confess that already our doctors are ceasing to be "humane to their kind."

However, it is not only because of the evil results to patients that I maintain that the domination of the laboratory is dangerous ; it is dangerous also on the purely scientific ground. In the perfect state, we are told, sanitation will be everything—

its advance will make disease impossible ; and to a very large extent I believe this. Of the hindrance laboratory domination is to the attainment of this desirable condition we can learn most by looking abroad. Wherever the laboratory is most dominant, sanitary arrangements are obliged to take a secondary place, the sensationalism of the laboratory seeming to dazzle the mental vision ; and I have no hesitation in saying, that had the scientific men of France, Italy and Germany, talented and persevering as they are and have been, not allowed their ideas on medical matters to stray into these by-ways and alleys, such a deplorable state of things would not exist as undoubtedly does exist in those countries, with regard to sanitation. As an example of my assertion I would but recall the case of the Bichat Hospital in Paris. The condition there, up to the year 1896, baffles imagination. Since 1883 it had not been disinfected, the wool of the mattresses, though said to be sterilized, was full of all kinds of unpleasant animal organisms, and carded out close to the windows of the wards. When I consider this and other matters so utterly at variance with sanitation which we are constantly meeting abroad, there seems to me little difficulty in finding the true reason why, with so many medical scientists at work in France, Germany and Italy, such things can exist. Thought and observation have gone into other channels, and

men have neglected realities while grasping at shadows.

A trifling and absurd example of this was given at the Hygienic Congress of 1891, held at Burlington House, where all the best known laboratories were represented by eminent professors. While various of these scientists were diligently expounding their views on bacilli, germs, and microbes, contradicting each other on most points and only absolutely agreeing on the elementary truth that the first necessities for health are pure water and pure air, they absolutely neglected to observe that the windows of their halls of meeting were tightly closed, and that there was absolutely no ventilation. The result which was naturally to be expected followed—the atmosphere became appallingly vitiated—still the learned men talked on, till at last, in one section, an outsider had to insist on the windows being thrown open to purify the hall; and in another section, attention was only called to the insanitary condition of that portion of the Hygienic Congress when one of the lady reporters almost fainted away. It was certainly an object lesson, and did not lead the cynical observer to believe that the methods of study now followed out in the various laboratories, English and foreign, had led these professors to cultivate that most needful of all faculties to a medical man, the faculty of exact and watchful observation.

Exact observation in the dissecting room, at the bed-side, in the post-mortem room, where, if the physician has been so unfortunate as to fail to cure his patient, he can ascertain the causes of what baffled him, these are the true methods of study. It was well said by the late Dr. Kingsford, that nature, if we will only observe her, is ever making more delicate experiments than any which the most learned physiologist can imagine or perform, and from these we can learn without any danger to our moral nature. We must remember that whatever accustoms the medical man to deliberately cause suffering and damage, with no intention of alleviating it whatever, lowers his tone, tends to make him regard right and wrong as interchangeable quantities, and must, in the long run, unfit him for being entrusted with that most sacred duty, the care of the sick in hospital.

Some thirty years ago, Professor Dubois Reymond, of Berlin, a well-known vivisector, publicly lamented the growing immorality of his students—he could not understand whence it arose. Professor Zöllner, of Leipzig, replied to him that it came from his own methods of teaching, from the vivisectional work done in his class; and on the ground of its demoralizing effects, Zöllner called on the Government for the total prohibition of the practice. To those who, like myself, have gone pretty deeply into the matter of the constant connection existing between it and other vicious

methods, it is perfectly clear that he was right, and that if a thorough reform of the profession, whether in England or abroad, is wished for, this practice must go, as well as any other which is based on the same unphilosophical theory, that what is morally wrong can ever be physiologically right. Whatever may be the cause of the favour with which animal experiment is regarded on the Continent, there can be little doubt of the cause which makes it here be strenuously upheld by that inner circle of the profession with which Wakley in his day contended so valiantly. It makes of its votaries a privileged class, licensed to over-ride laws, passed on moral grounds alone, by which certain rights and privileges were secured to the domestic animals inhabiting this country. It thus becomes the corner stone of that structure of medical despotism which has now again grown to be as powerful as it was in 1825, in fact, owing to our cowardly dread of anything which may hurt the body, more powerful than it was in the early years of Thomas Wakley ; and it is this despotism which all who care for the reform of our hospitals, and the honour of the medical profession, must determine to break as relentlessly as Wakley did in his day.

In discussing this question, however, it must be granted that hospitals, besides being unsatisfactory with regard to the position of the patients, often press unfairly on the general practitioner, a portion

of the profession which the reformer should seek to uphold and render independent of the medical ring ; a portion of the profession which does much hard work and many kind actions, and without which the poorer members of the community would in sickness fare but badly. To do more than indicate this would extend this essay to undue limits. I must therefore content myself with merely alluding to it. I have been induced to jot down these stray thoughts, from my strong feeling, that English hospitals are on the high road towards assuming a resemblance to those abroad, which a foreign observer has lately told us are laboratories rather than hospitals ; this no one who really feels affection for, and pride in them can regard with equanimity. My object has been to show, that eighty years ago things were in a somewhat similar condition, on account of the despotic position assumed by a certain portion of the profession. I have tried to show how that condition was broken up and reforms introduced, and further, I have tried to show how we again find ourselves face to face with a despotic "ring," to use Wakley's phrase, this time, however, seeking to dominate not only the profession, but society at large, on the plea of being the spokesmen of "Science."

In conclusion, I would once more remind my readers of the power of individual action ; they have but to look at what the indomitable will of

one man did for hospitals and the profession, at once to see that if they truly and earnestly seek the reform of hospitals they will very probably be reviled, as Wakley was reviled, but that they need have no fear whatever as to the final issue. But I beg them to believe that there is no royal road by which to achieve the reforms that are imperative, both in our hospitals and in the profession, if these are to become the blessing they might and ought to be to the community, but which certainly they are not at present. They will have to fight for these reforms precisely as Wakley did, inch by inch, until finally they win them. Then, when their work is done, it may possibly be said of them, as we have seen it was said of Wakley, that they passed from the contempt of their opponents to their hatred, from their hatred to their fear, from their fear to their respect, and from their respect, in many instances, to their friendship.



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